

Name
in
Full

Samuel Angell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>March</i> ^{Day} <i>11</i>		Age <i>68</i> ^{Years}		<i>11</i> ^{Months} <i>19</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth place <i>unknown</i>	
Occupation <i>retired</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Catharine Brown</i>			
Father's Name <i>John Angelle</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Elizabeth Frank</i>		Mother's Birthplace <i>Selvia Run Md.</i>			
Name of person giving information <i>Mary C. Angelle</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	<i>179</i>	How long <i>1 year</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Chas. H. Diller</i>	
		Address <i>Detour</i>	
Accident or Suicide? <i>—</i>		<i>Maryland.</i>	



Name

in
Fun

CERTIFICATE OF DEATH

Helen G Arnold

Town

County

Died at

Lanegrove

Carroll

MARYLAND

Date

of death 1907

Month

3

Day

14

Age

Years

66

Months

Days

12

Sex

Female

Color or
Race

White

Birth-
place

Med

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of ~~Wife or~~
Husband

Augustine Arnold

Father's
Name

George Spaulding

Father's
Birthplace

Pa

Mother's
Maiden Name

Mary Leivers

Mother's
Birthplace

Med

Name of person giving
In formation

Robert Arnold

How related
to deceased

Son

CAUSES OF DEATH

Primary

Grip

How long

4 weeks

Immediate

Congestion of lungs

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

L. B. Bivins M.D.

Jamestown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Jordan Retreat</i>		Town <i>Barroll</i>		County	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>14</i>	Age <i>69</i>	Years	Months <i>7</i> Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>W.</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Jordan Retreat</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Henry City</i>				
Father's Name <i>David Ecker</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Daniel City</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	179	How long
Immediate <i>Exhaustion</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>	Signature of Physician <i>John E. Whitehead</i>	
	Address <i>New Windsor</i>	
Accident or Suicide?	<i>ma</i>	



Name
in
Full

Alice M Beard

No 166
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Westminster* ^{County} *Carroll* **MARYLAND**

Date of death *1907* ^{Month} *March* ^{Day} *17* ^{Years} *1* ^{Months} *4* ^{Days} *8*

Sex *Female* Color or Race *white* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Jerse J Beard* Father's Birthplace *Maryland*

Mother's Maiden Name *Nettie J Shipley* Mother's Birthplace *do.*

Name of person giving information *Ellen Beard* How related to deceased *Grand Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Whooping Cough* **(8)** How long *5 weeks*

Immediate *Convulsions* How long *15 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Jas. H. Billingslee*

Address *Westminster Md -*

Accident or Suicide? *No*

Leisters Can Shaver

Name
in
Full

William John Beggs

no 174
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>Westminster</i> ^{Town}		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>20</i>	Age <i>82</i>	Months <i>5</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Dead</i> <i>Southover</i>			
Father's Name <i>Wm. / Kew</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>-</i> <i>Heigle</i>		Mother's Birthplace <i>Carroll County</i>			
Name of person giving information <i>Thos. J. Beggs</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>85 years</i>
Immediate <i>Inanition</i>	How long <i>One month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Pillsbury M.D.</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	

Beggs Chapel.
Stones.

Name
in
Full

Mary Bernely.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>29th</i>	Age <i>53</i> Years	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Bernely</i>			
Father's Name <i>Cornelius Mealton</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Kate Daisey</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>John Bernely</i>			How related to deceased <i>Husband.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Dementia</i>	How long <i>about one year</i>
Immediate <i>Organic Heart Disease</i>	How long <i>about one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris, M.D.</i>
	Address <i>Springfield State Hospital</i>
Accident or Suicide? <i>-</i>	<i>✓ Sykesville, Carroll Co., Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

No 167

Deliah Blizzard

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pataasco</i>		Town		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>17</i>	Age <i>39</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housework</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Thomas Blizzard</i>						
Father's Name <i>Jesse Taylor</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Emalia Taylor</i>	Mother's Birthplace <i>do</i>						
Name of person giving information <i>Thomas Blizzard</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	(27)	How long <i>1 year</i>
Immediate <i>"</i>		How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. J. Hering</i>	
	Address <i>Westminster, Md</i>	
Accident or Suicide <input checked="" type="checkbox"/>		

Bethel Ann Cornwall

Name

in
Full

CERTIFICATE OF DEATH

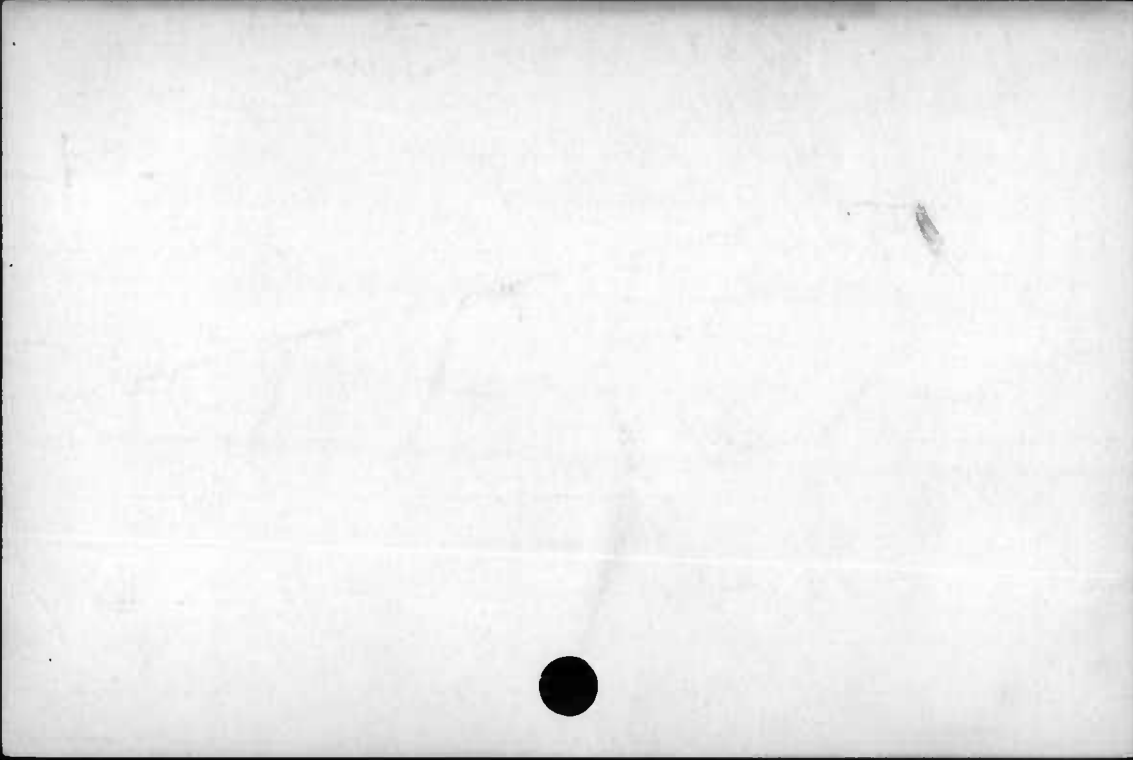
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mary W Boone</i> Town <i>Boone</i> County <i>Boone</i>		MARYLAND	
Date of death 1907	Month 3	Day 16	Age 0
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Carroll County</i>	Months 0 Days 2
Occupation	Where Residing if not at place of death <i>Bellevue</i>		
Married, Single or Widowed <i>No</i>	Name of Wife or Husband <i>Stella H Boone</i>		
Father's Name <i>Harvey E Boone</i>	Father's Birthplace <i>Carroll</i>		
Mother's Maiden Name <i>Stella H Backel</i>	Mother's Birthplace <i>Melrose, Md.</i>		
Name of person giving information	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>151</i>	How long
Immediate <i>Atelectasis</i>		How long <i>1 1/2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. Lewis Wetzel</i>	
	Address <i>Union Mills Ind.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

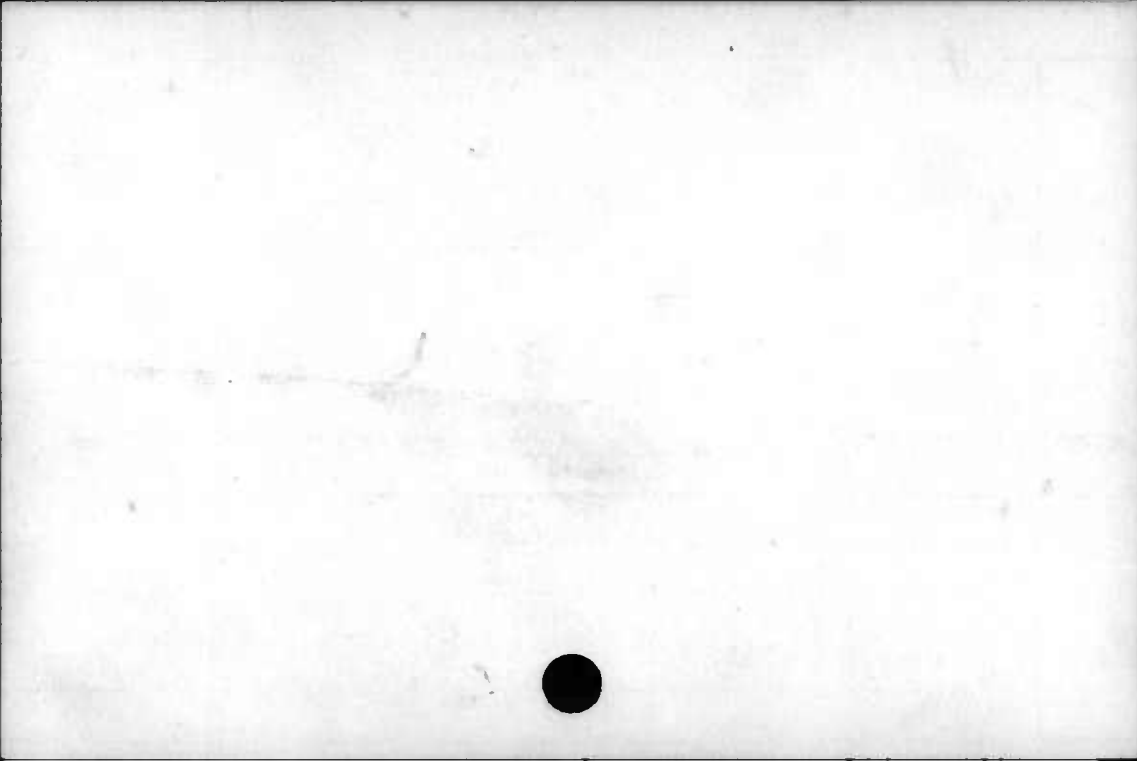
Name in Full <i>John C. Bull</i>		Town <i>Springfield Hosp.</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>	Day <i>13</i>	Age <i>70</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Hosp. records</i>		How related to deceased					

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>17 yrs</i>
Immediate	<i>facial erysipelas</i>	How long	<i>13 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>to best of my knowledge</i>		Signature of Physician <i>Chas. J. Carey</i>	
Accident or Suicide? <i>no</i>		Address <i>Sykesville Md.</i>	



Name in Full

Harry Butler

Died at ^{Town} Mt. Airy ^{County} Carroll MARYLAND

Date 1907 3 3 | Age 36 | Native of Carroll | Occupation Laborer
Male White Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living

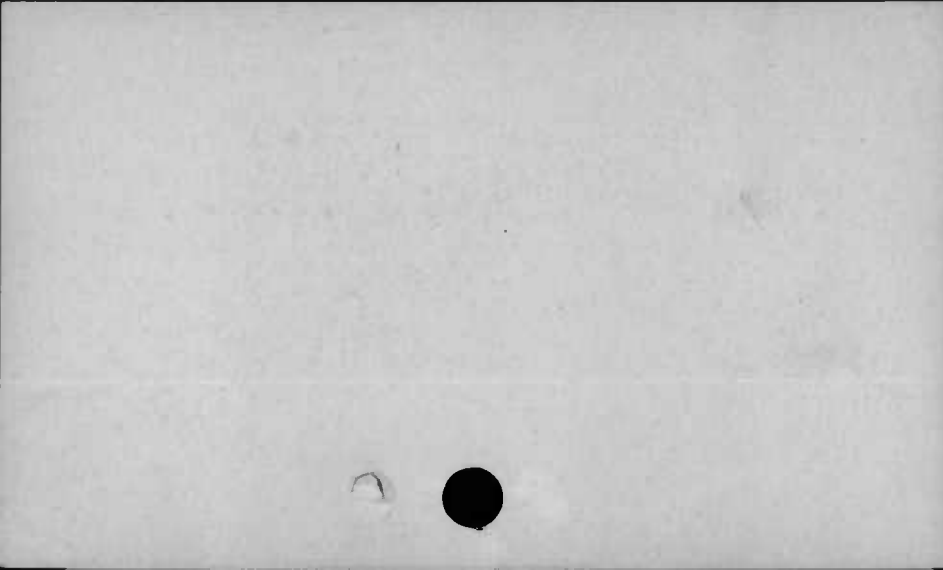
Husband of Butler
Wife
Father's Name Jos Butler Mother's Maiden Name Nancy Butler

Cause of Death { Primary Immediate accident } How long sick 166 Accident, Suicide, Homicide

Reported by Frank L. Lewis, Coroner

Address Mt. Airy, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lucinda Coleman

No 159

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Westminster		Carroll		TOWN		COUNTY		MARYLAND	
Date of death		1907		Month		Mar		Day		11	
Age		65-		Years		3		Months		14	
Sex		Female		Color or Race		Colored		Birth-place		Unknown	
Occupation		Cook		Where Residing if not at place of death		County House					
Married, Single or Widowed		Widow		Name of Wife or Husband		Unknown					
Father's Name		Leont / Know		Father's Birthplace		Unknown					
Mother's Maiden Name		"		Mother's Birthplace		Unknown					
Name of person giving information		Benjamin Coleman		How related to deceased		Son					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary		Acute Bright		How long		few months	
Immediate		11		How long		12	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		L. E. Shipley, M.D.	
				Address		Westminster Md.	
Accident or Suicide?							

Ellsworth Cemetery
Stouev.

Name
in
Full

Hennie Costley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

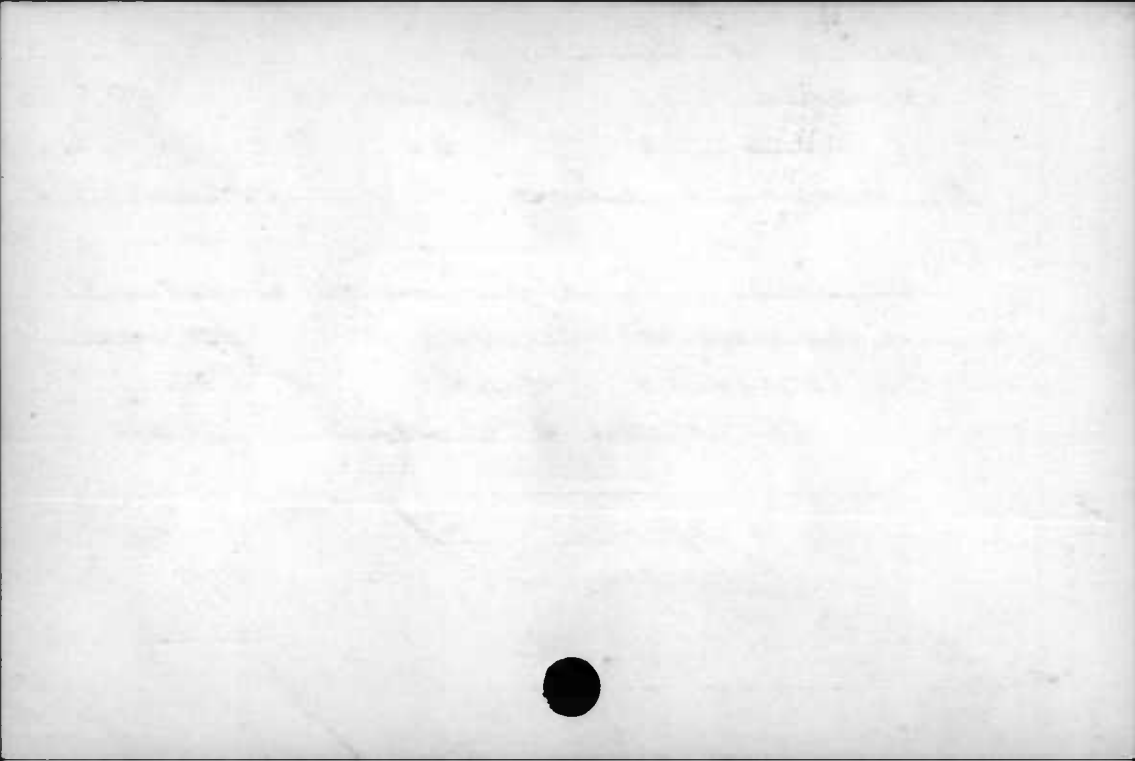
Died <input checked="" type="checkbox"/> <i>near Eldersburg</i>		Town <i>Eldersburg</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>23</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>			
Occupation <i>Domestic</i>				Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>— Costley</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>— Dorsey</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Noah Collins</i>		How related to deceased <i>No relation</i>					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>1 week</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. D. Morris</i>
	Address <i>Eldersburg.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Martha A. Crestwell

No 171

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gaithers</i>		Town <i>Gaithers</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month	March	Day	21	Age	60
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>—</i> Days <i>12</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William W Crestwell</i>					
Father's Name <i>Richard A Barnes</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ursilla Carr</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>William S Crestwell</i>		How related <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Injury to spine</i>	How long	<i>3 weeks</i>
Immediate	<i>Spinal meningitis</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. N. Gorench M.D.</i>	
Unable to obtain further information, on account of death of <i>Dr. Gorench. Oct. 3, '07.</i>		Address <i>Gaithers Md</i>	
Accident or Suicide?			

Mt. Placem Can Boulder

Name
in
Full

Susann Rebecca Cross

20 164
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>14</i>	Age <i>57</i>	Months <i>20</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>House/keeper</i>		Where Residing if not at place of death <i>Home</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles Cross</i>				
Father's Name <i>Alfred Smith</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Isaac Cross</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>Left Hemiplegia</i>	How long <i>3 hrs.</i>
Immediate <i>Respiratory Failure</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Luther Barr</i>
<i>Yes -</i>	Address <i>Westminster Md.</i>
Accident or Suicide?	

Western chapel cemetery
Stones.

Name
in
FullNo 162
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Carrie May Ebaugh

Died at ^{Town} Carrollton ^{County} Carroll MARYLAND

Date of death 1907 ^{Month} March ^{Day} 13 Age ^{Years} 29 ^{Months} 10 ^{Days} 18

Sex Female Color or Race white Birth-place Maryland

Married, Single or Widowed Single Occupation Shirt maker

Name of Wife or Husband

Father's Name Jeremiah Ebaugh Father's Birthplace Maryland

Mother's Maiden Name Martha A. Richards Mother's Birthplace do

Name of person giving information J. Webster Ebaugh How related to deceased Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 1 year

Immediate " " How long 1 "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Lewis Woodward

Address Preston, Md.

Accident or Suicide? No

Bethel
Camden

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary E. Engler* County *Carroll* MARYLAND

Died at *New Windsor* ^{Town} *Carroll* County

Date of death *1907* Month *March* Day *3* Age *75* Years Months *5* Days *2*

Sex *Female* Color or Race *W* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *New Windsor*

Married, ~~Single~~ or Widowed Name of Wife or Husband *Henry Engler*

Father's Name *William Perry* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Skinner* Mother's Birthplace *Ind*

Name of person giving information *J. C. Gilbert* How related to deceased *nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

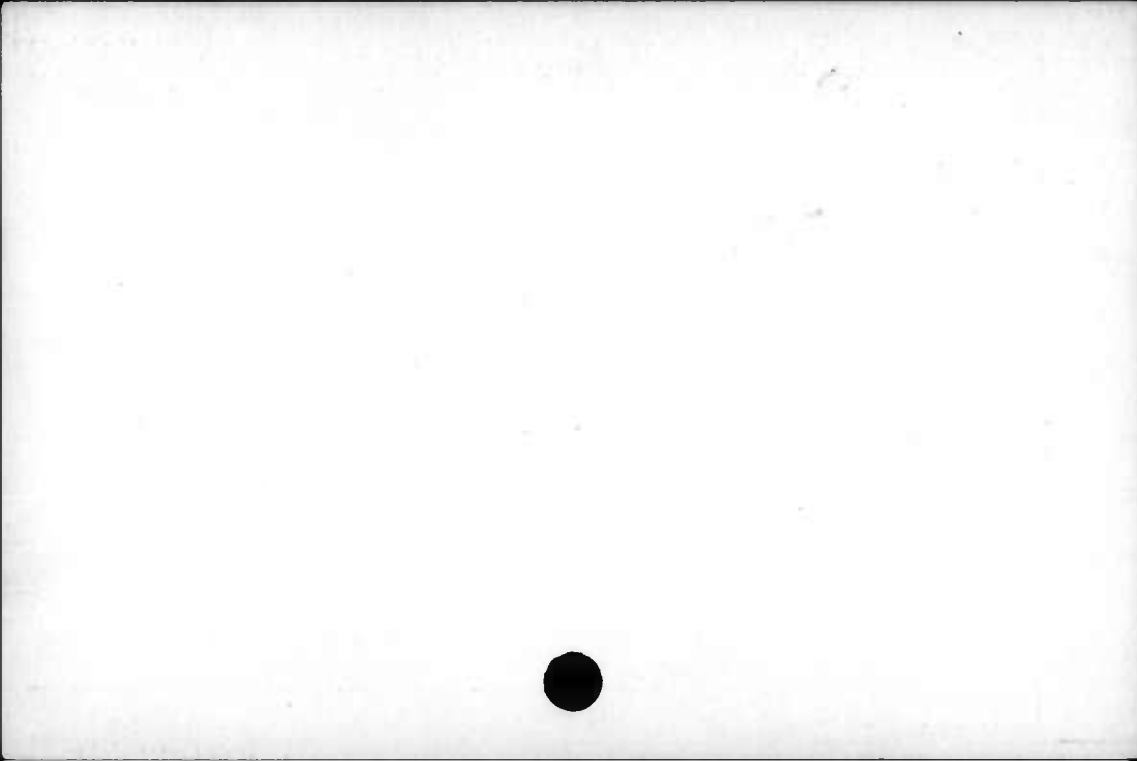
Primary *General Debility* **(179)** How long *10 years*

Immediate *Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. Ira E. Whitehill*

Address *New Windsor Md.*

Accident or Suicide? *No*



Name
in
Full

George H. Evans

CERTIFICATE OF DEATH

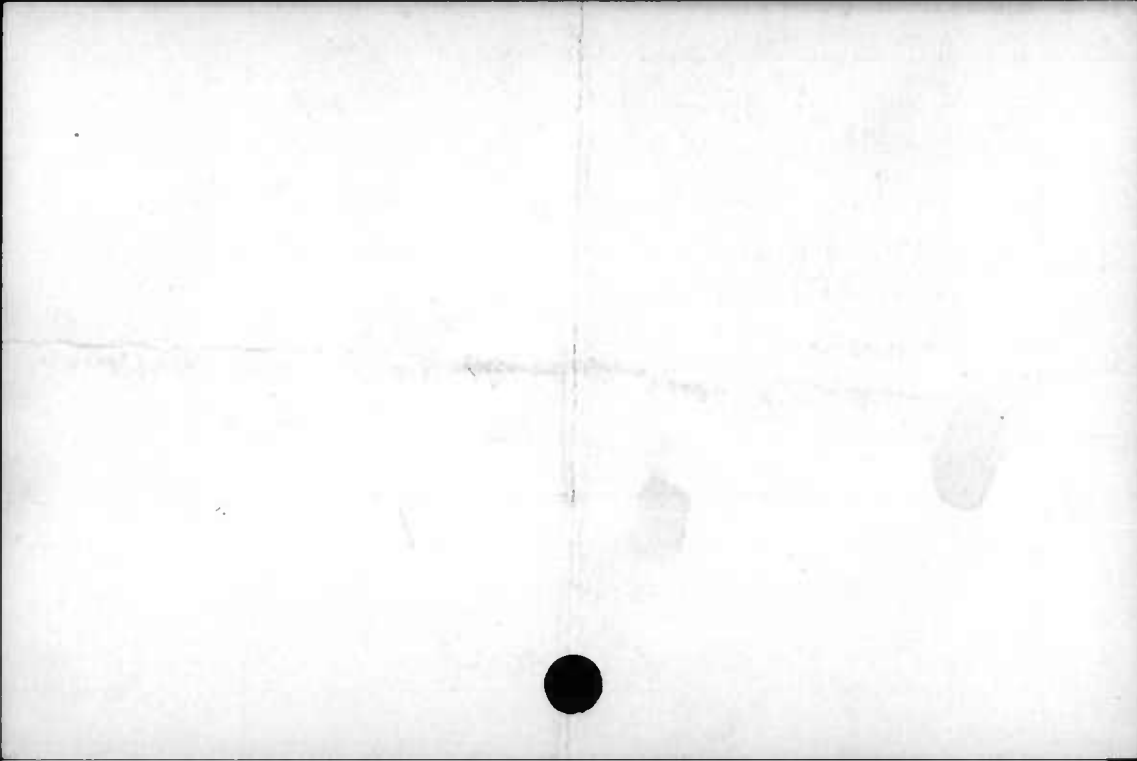
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield</i> ^{Town} <i>Horsford</i> ^{County} <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>13</i>	Years <i>49</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Balto city</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs G. H. Evans</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Mrs G. H. Evans</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Paresis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>a month</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Clark</i>
	Address <i>Sykesville</i>
Accident or Suicide?	<i>med.</i>



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sovann M. Flickinger		Town		County		MARYLAND	
Died at		Selwyn Court		Calvert			
Date of death		1907	Month	Day	Age	Months	Years
		11	Mar	11	77		
Sex		White		Color or Race		White	
Occupation		House Wife		Where Residing if not at place of death		Calvert Co	
Married, Single or Widowed		Married		Name of Wife or Husband		David Flickinger	
Father's Name		Mathias (John)		Father's Birthplace		Cornell	
Mother's Maiden Name		Sovann M. Mathias		Mother's Birthplace		Maryland	
Name of person giving information		Edward Flickinger		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Pneumonia	
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

(93)

J. J. Stewart



Name
in
Full

CERTIFICATE OF DEATH

James Steven Franklin

Town

County

MARYLAND

Died at

Derming

Carroll

Date

of death 1907 March

Day

23

Age

Years

70

Months

10

Days

19

Sex

Male

Color or
Race

W

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

Derming

Married, Single
or WidowedName of Wife or
Husband

Leaher Franklin

Father's
Name

James Franklin

Father's
Birthplace

Md

Mother's
Maiden Name

Elyia Demmit

Mother's
Birthplace

Md

Name of person giving
Information

Samuel Stuller

How related
to deceased

no

CAUSES OF DEATH

Primary

Apoplexy

(64)

How long

3 day.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

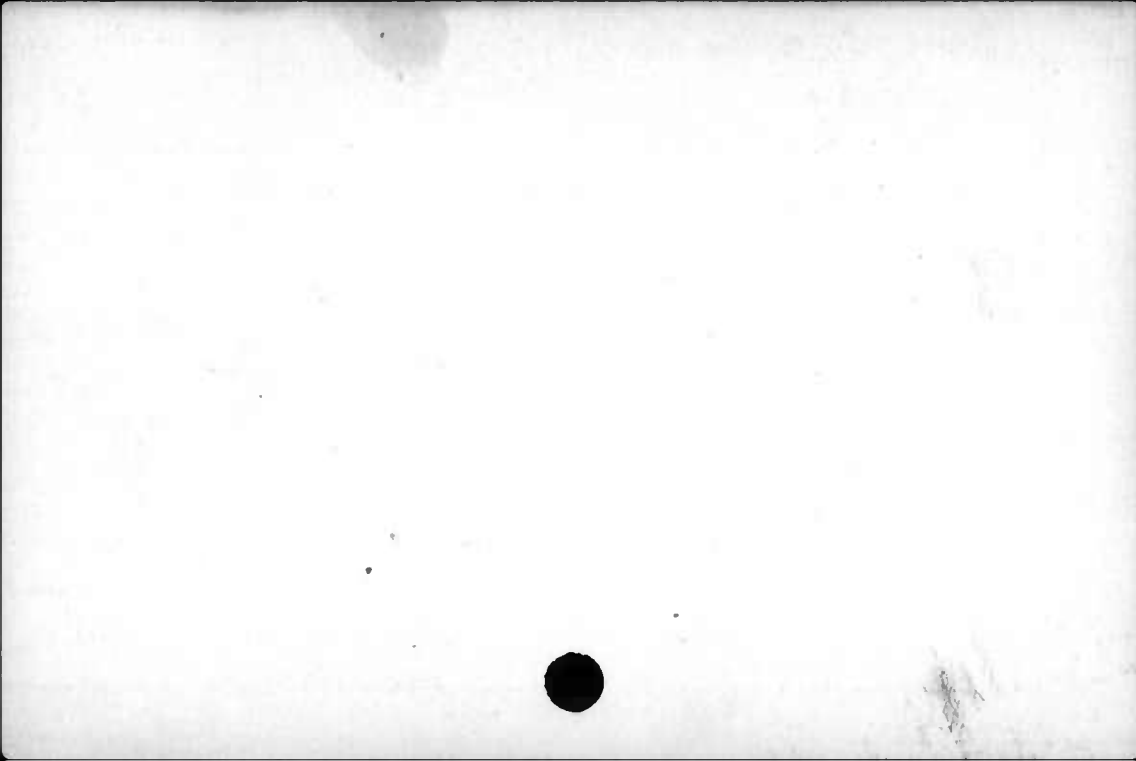
Signature of
Physician

Address

F. T. Brooks Md
Morstow Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Nora Frederick

CERTIFICATE OF DEATH

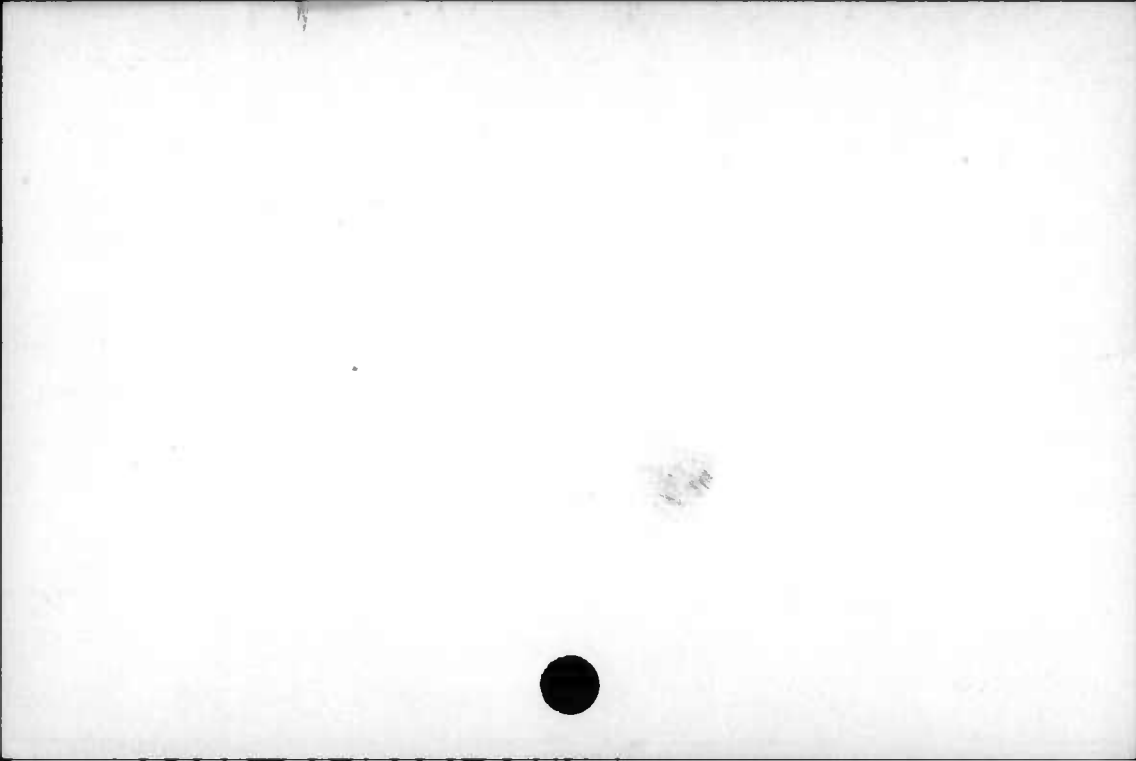
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alesia</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>7</i>	Age <i>2</i> Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Alesia</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name <i>Chas V. Frederick</i>			Father's Birthplace <i>Carroll Co Md</i>		
Mother's Maiden Name <i>Cora McCullough</i>			Mother's Birthplace <i>Baltimore Co Md</i>		
Name of person giving information <i>J A Frederick</i>			How related to deceased <i>Grand father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Sherman</i>
	Address <i>Manchester - Md</i>
Accident or Suicide?	



Name
in
Full

Louis Albert Fry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

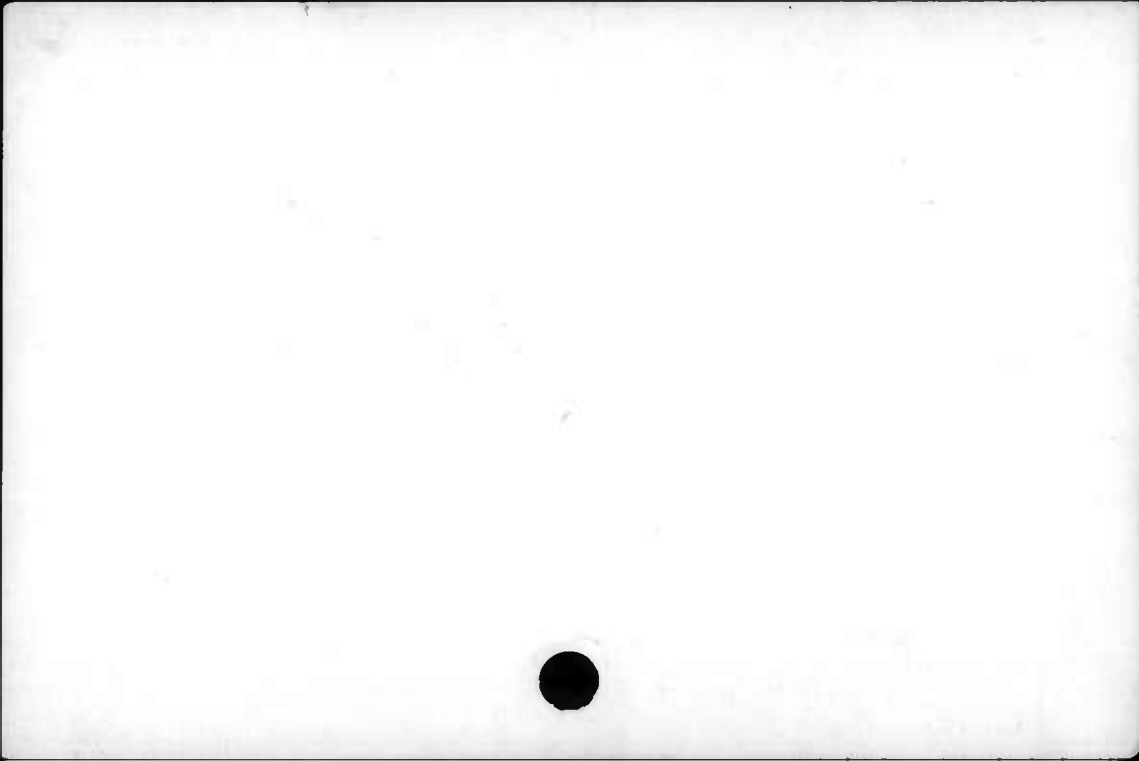
Died at <i>McKendry Mills</i>		Town <i>McKendry</i>		County <i>Concord</i>		Co		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>14</i>		Age		Years	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>McKendry Md</i>		Months		Days <i>38</i>	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Louis Albert Fry</i>				Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ada R. Bays</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Louis Albert Fry</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>		How long <i>Seven days.</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Stutney Scotty M.D.</i>	
		Address <i>New Market Md.</i>	
Accident or Suicide?			



Name
in
Full

Mr Geo Furhman

No 158

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Year}	<u>Mar</u> ^{Month}	<u>11</u> ^{Day}	Age <u>82</u> ^{Years}	<u>5</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Carroll Co Md</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>County House</u>		
Married, Single or Widowed	<u>Widower</u>		Name of Wife or Husband <u>_____</u>		
Father's Name	<u>_____</u>			Father's Birthplace	<u>_____</u>
Mother's Maiden Name	<u>_____</u>			Mother's Birthplace	<u>_____</u>
Name of person giving information	<u>Dr Jno Mathias</u>			How related to deceased	<u>Friend</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Old age</u>	How long	<u>2 weeks</u>
Immediate	<u>Heart</u>	How long	<u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John S. Mathias</u>
		Address	<u>Westminster Md.</u>
Accident or Suicide?			

Sams creek cemetery.
Stover

Name
in
Full

Frederick Gensenyager

CERTIFICATE OF DEATH

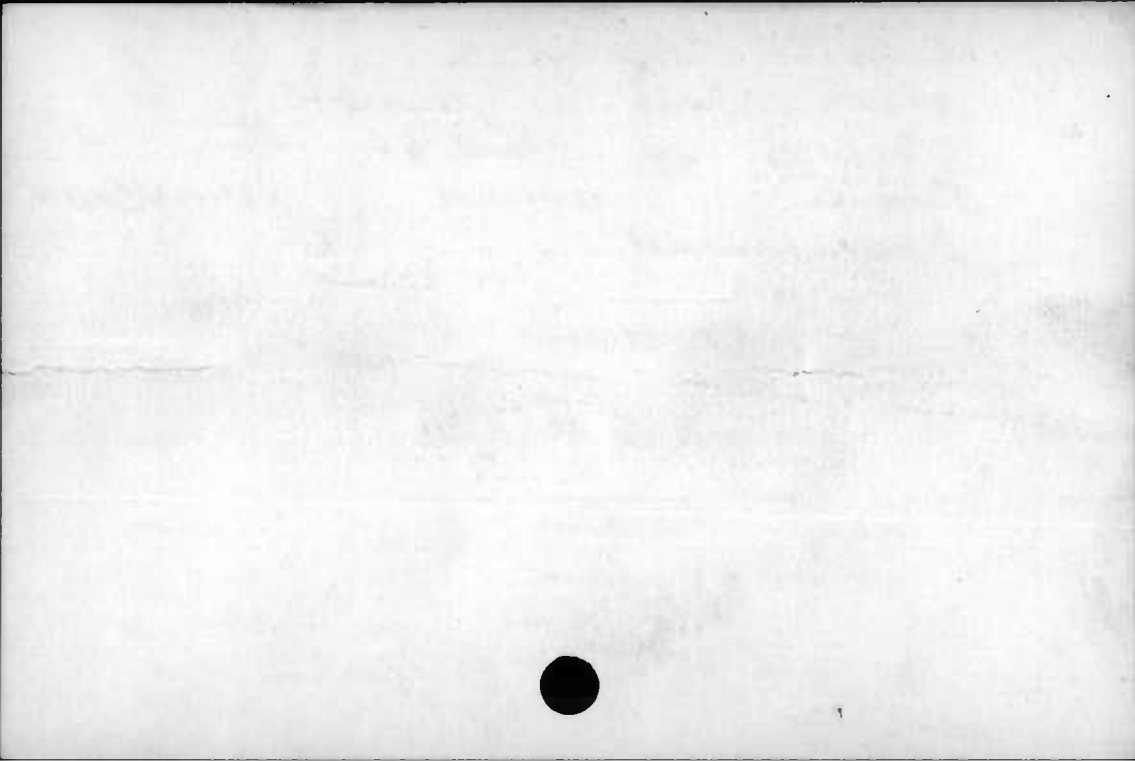
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month <i>March</i>	Day <i>1st</i>	Age <i>82</i>	Years
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>Unknown</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>"</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Hospital records</i>			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	How long	<i>about 1 yr</i>
Immediate	<i>General debility</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. J. Carey</i>
		Address	<i>Lykensville, Md.</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Annie Green

176
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster	County Baltimore		MARYLAND	
Date of death	1907	Month March	Day 30	Age About 60	Years	Months Days
Sex	Female		Color or Race	Colored		Birth- place
Occupation	House. Servant		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Leont Henry				Father's Birthplace	Unknown
Mother's Maiden Name	"				Mother's Birthplace	Unknown
Name of person giving In formation	Frank C. Shaver				How related to deceased	Employer

CAUSES OF DEATH

Primary	Acute Gastritis (104)		How long	2 weeks
Immediate	Head Failure		How long	1/2 hr
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Jos. J. Hering		
Address		Westmonte		
Accident or Suicide?		No		

PHYSICIAN
OR CORONER

Sharon
Elsworth Cuscutay

Name
in
Full

Charles Emory Green

no 165
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>16</i>	Age	Months	Days <i>21</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Charles E. Green</i>		Father's Birthplace <i>Carroll Co Md</i>			
Mother's Maiden Name <i>Ellice Smith</i>		Mother's Birthplace " " "			
Name of person giving information <i>Charles E. Green</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

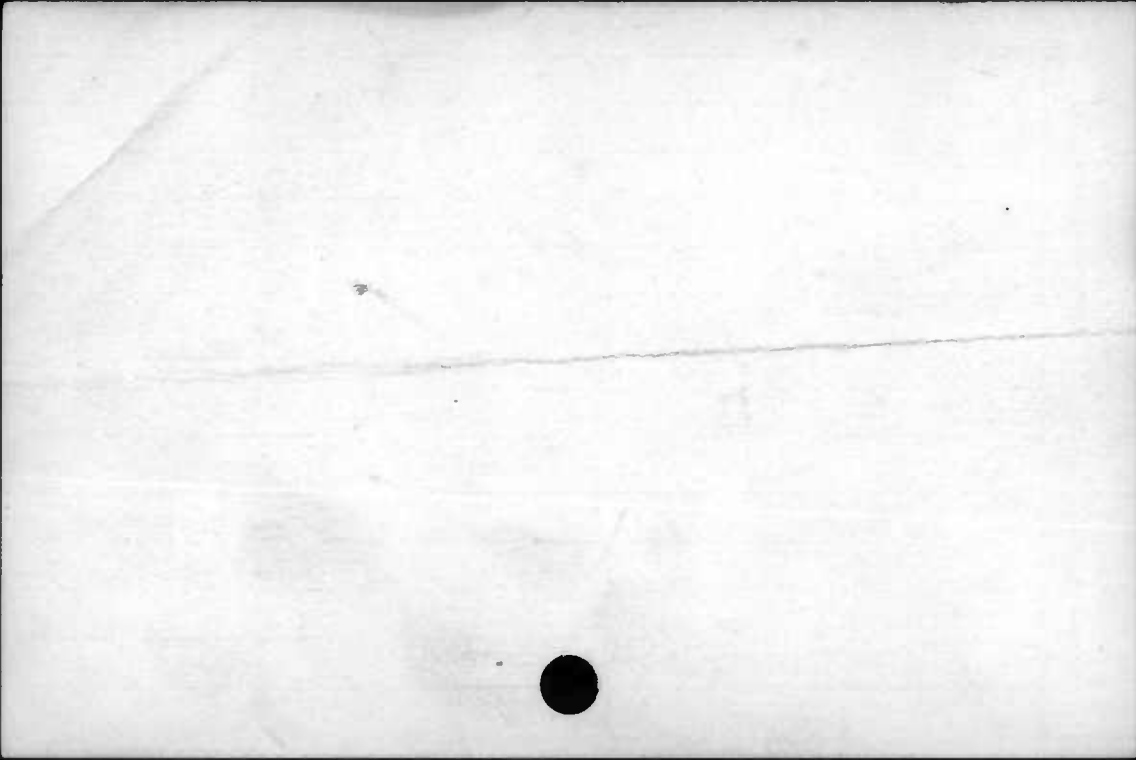
Primary <i>Broncho-Pneumonia</i> (92)	How long <i>24 Hrs -</i>
Immediate <i>Respiratory Failure</i>	How long <i>1 Hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. Luther Barr</i>
	Address <i>Westminster Md.</i>
Accident or Suicide?	

Stone chapel Cemetery
Stour.

Name in Full Francis Nicholas Grooms		CERTIFICATE OF DEATH	
Died at Eldersburg <small>Town</small>		Carroll <small>County</small>	
Date of death 1907 <small>Month</small> March <small>Day</small> 10		97 <small>Years</small> — <small>Months</small> — <small>Days</small>	
Sex Male		Color or Race Colored	
Occupation Laborer		Where Residing if not at place of death Carroll Co. Md	
Married, Single Married		Name of Wife or Husband Mary Ellen Dorsey	
Father's Name Unknown		Father's Birthplace Unknown	
Mother's Maiden Name Unknown		Mother's Birthplace Unknown	
Name of person giving information Mary Ellen Grooms		How related to deceased wife	
CAUSES OF DEATH			
Primary Lobar Pneumonia		93 1 week.	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician MD Morris, MD	
Address Eldersburg		Md	
Accident or Suicide? —			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

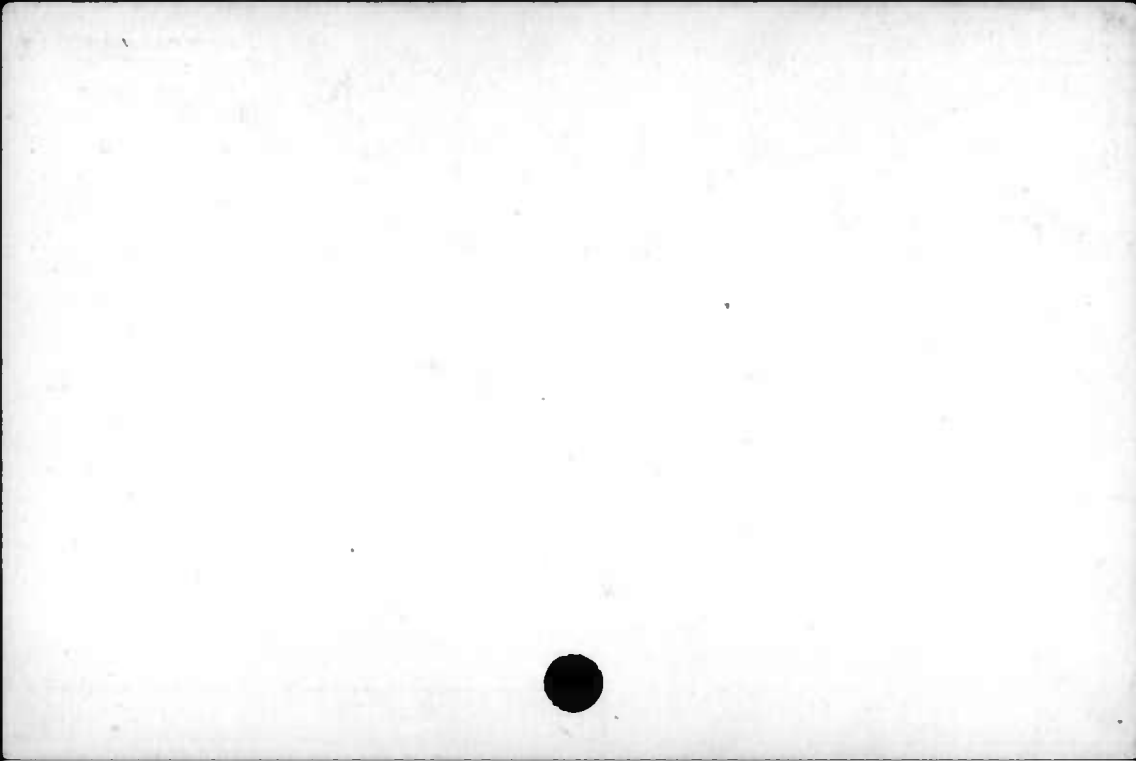
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wesley J. Hearn</i>		Town <i>Weldon</i>		County <i>Carroll</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>11</i>		Years <i>72</i>	
Date of death		1907		Age		Months <i>0</i>	
Sex <i>Male</i>		Color or Race <i>W.</i>		Birth-place <i>Ind</i>		Days <i>0</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Weldon</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Susanna Hearn</i>					
Father's Name <i>Singleton Hearn</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Marie Hearn</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>James Smith</i>		How related to deceased <i>No</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>8 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. J. Brooke</i>
	Address <i>Marston Ind.</i>
Accident or Suicide?	



Name
in
Full

Robert H. Harner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Harvey Town Carroll County

Date of death 1907 March 14 7 6 1

Sex Female Color or Race White Birth-place Harvey

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John Harner Father's Birthplace Maryland

Mother's Maiden Name Mabel Harner Mother's Birthplace 11

Name of person giving information John Harner How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Muscle (6) How long 4 days

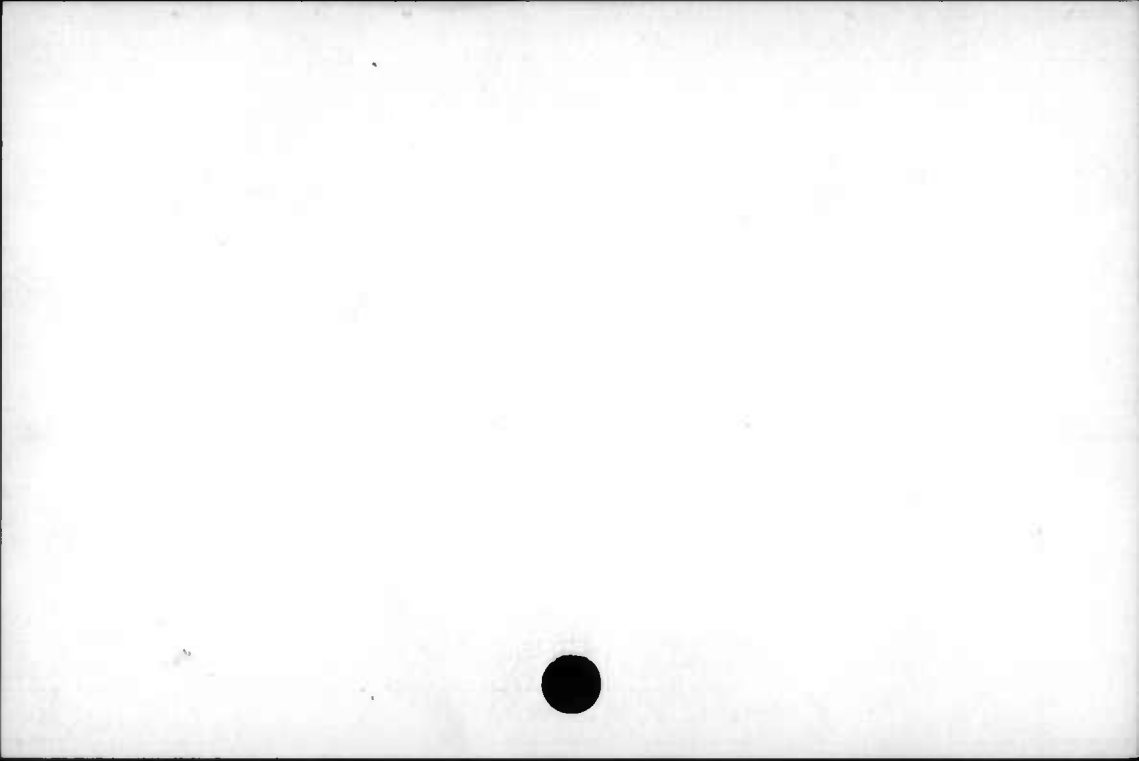
Immediate Broncho-pneumonia How long 28 hours

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician Charles B. Coe

Address Taneytown

Accident or Suicide? ☒



Name in Full		Mary Magdalene Hawk ✓				No 172	
						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster		County Carroll		MARYLAND
	Date of death		1907	Month Mar	Day 25	Age 82	Months 3
							Days 4
	Sex		Female		Color or Race White		Birth-place Carroll Co Md
	Occupation				Where Residing if not at place of death Home.		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Andrew Hawk		Father's Birthplace		Carroll Co Md
Mother's Maiden Name		Rachel Paulenstine		Mother's Birthplace			
Name of person giving information		Marry Curries		How related to deceased		Niece	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Carcinoma of Breast a number of yrs.				
	Immediate		Uremia - coma.				
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Chas. R. Fouty
					Address		Westminster Md
	Accident or Suicide?						

43

Fancy town Reform cemetery.
stones,

Name
in
Full

still born infants Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Janytown</i>		County <i>Cannon</i>		MARYLAND	
Date of death	1907	Month	3	Day	22	Age	<i>still born</i>
Sex	<i>male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Janytown</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace <i>Miss</i>			
Mother's Maiden Name <i>Charlotte Cook</i>				Mother's Birthplace <i>Miss</i>			
Name of person giving information <i>L. F. Hill</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still born</i>	How long	
Immediate	<i>still born</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. B. Hill</i>
		Address	<i>Janytown</i>
Accident or Suicide?			



Name in Full Ellen Jones		In 168 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Westminster <small>Town</small> Carroll <small>County</small>		MARYLAND
	Date of death 1907 <small>Month</small> Mar <small>Day</small> 18 <small>Years</small> 82 <small>Months</small> 3 <small>Days</small> 4		
	Sex Female <small>Color or Race</small> Colored <small>Birth place</small> Carroll Co Md		
	Occupation	Where Residing if not at place of death County House	
	Married, Single or Widowed Widow <small>Name of Wife or Husband</small> Wlad		
	Father's Name Alonzo Kuhn <small>Father's Birthplace</small>		
	Mother's Maiden Name " <small>Mother's Birthplace</small>		
Name of person giving information Morris Jones <small>How related to deceased</small> Nephew			
CAUSES OF DEATH 164			
PHYSICIAN OR CORONER	Primary Fract Arm & Shoulder <small>How long</small> 5 day 5		
	Immediate Shock <small>How long</small> 48 hours		
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John S. Mathis	
		Address Westminster Md.	
Accident or Suicide?			

Bauro-Cemetery
Stones.

Name
in
Full

William H Keeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		March	30	79		5	25
Sex	Color or Race	Birth-place		Where Residing if not at place of death			
Male	White	Men Branchester		Farmer			
Married, Single or Widowed	Name of Wife or Husband	Name of Wife or Husband					
Married	Wife	Mary Keeler					
Father's Name	Father's Birthplace	Mother's Birthplace					
William Keeler		Reems					
Mother's Maiden Name	Name of person giving information	How related to deceased					
Elizabeth Cramer	Levinson D. Lippy	Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J H Sherman M.D.
		Address	Branchester Md
Accident or Suicide?			

365
2190

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Blanche J Kane

Died at *Taneytown*County *Barroll*

MARYLAND

Date of death

1907

Month

3

Day

22

Age

Years

22

Months

7

Days

22

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Assistant Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John L. Kane

Father's
Birthplace

Pa

Mother's
Maiden Name

Mary. Will

Mother's
Birthplace

Pa

Name of person giving
In formation

John L Kane

How related
to deceased

Father

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Interstitial Nephritis.

How long

Over 2 years

Immediate

Uraemic Convulsions, Failure of Respiration, 5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. H. Weiss.

Address

Taneytown.

Med.

Accident or Suicide?



Name
in
Full

Catherin B Kuhns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Zaneytown* ^{County} *Barroll* **MARYLAND**

Date of death *1907* ^{Month} *3* ^{Day} *18* ^{Years} *62* ^{Months} *1* ^{Days} *4*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *James Kuhns*

Father's Name *David Crouse* Father's Birthplace *Ind*

Mother's Maiden Name *Elizabeth Whitmer* Mother's Birthplace *Ind*

Name of person giving information *James Kuhns* How related to deceased *Husband*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Myocardial Insufficiency* How long *Don't know*

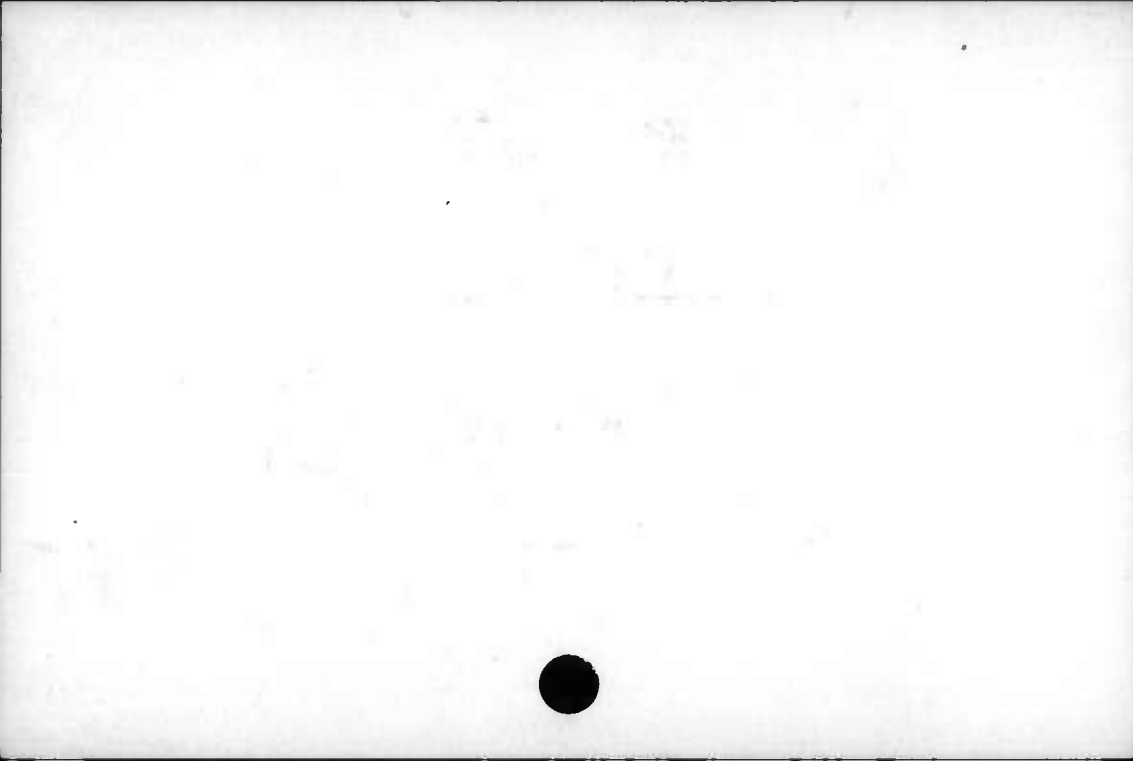
Immediate *General debility, dropsy* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. B. Binnis MD*

Address *J. Zaneytown*

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

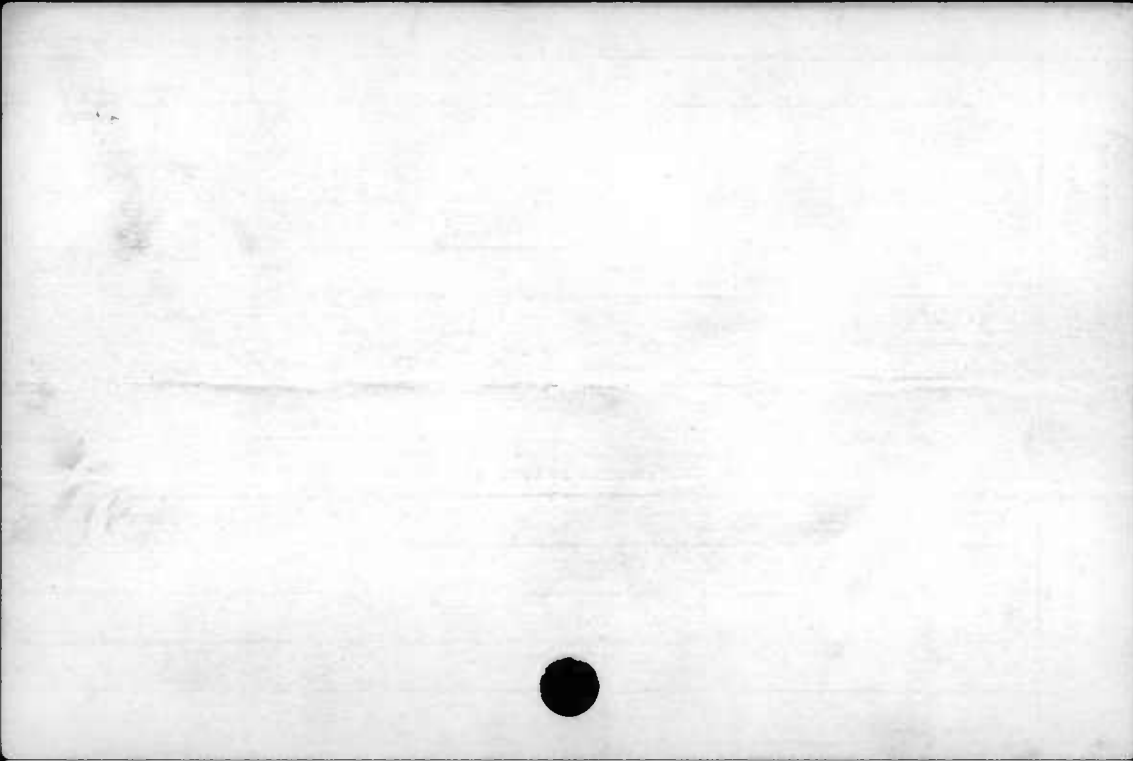
Died at <i>Haight</i>		Town <i>Haight</i>		County <i>Severn</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>21</i>	Age <i>81</i>	Years <i>6</i>	Months <i>12</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Marrried, Single Widowed	Name of Wife or Husband <i>Margaret B Lauterbach</i>						
Father's Name <i>Leisl S Lauterbach</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Margaret Lauterbach</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>L E Lauterbach</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastritis Chronic</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. H. Wells</i>
	Address <i>Harrisonville</i>
	<i>Balt. Co Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Andrew L. Liffy</i>		Town <i>Hamfrslade</i>		County <i>Cumroll.</i>		MARYLAND	
Died at <i>Hamfrslade</i>		Date of death <i>1907</i>		Month <i>3</i>		Day <i>27</i>	
Age <i>43</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Westminster</i>	
Occupation <i>Liveryman</i>		Where Residing if not at place of death		Name of Wife or Husband <i>Jennie Liffy</i>		Father's Birthplace <i>Westminster</i>	
Married, Single or Widowed <i>Married</i>		Mother's Maiden Name <i>Rebecca Angel</i>		Name of person giving Information <i>Jennie Liffy</i>		How related to deceased	

CAUSES OF DEATH

Primary

How long

Immediate

How long

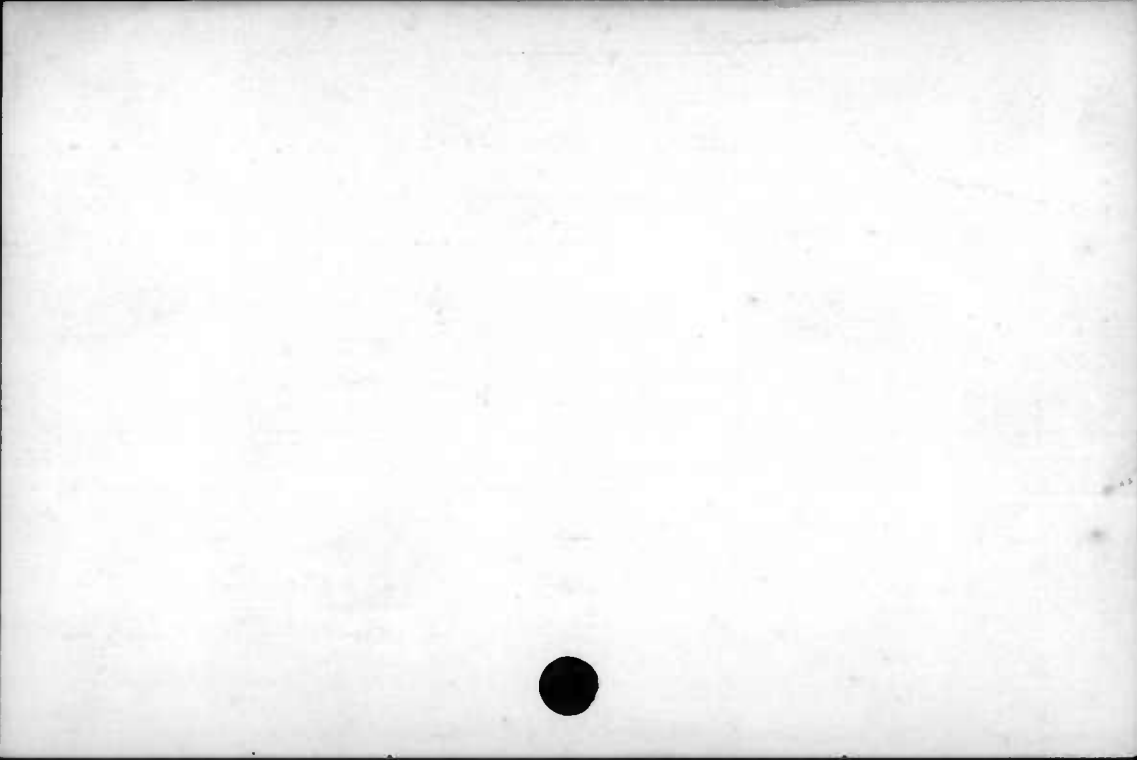
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN •
OR CORONER



Name
in
Full

Mary Marshall

CERTIFICATE OF DEATH

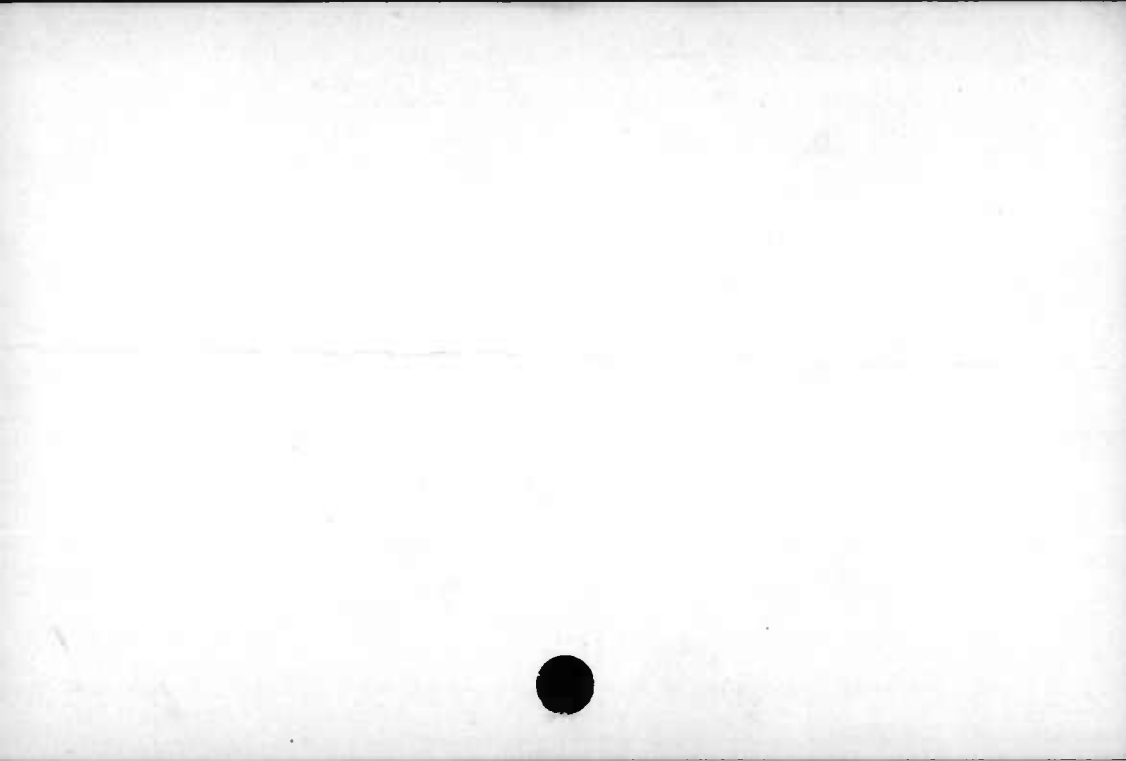
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>-</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>3rd</i>	Day <i>9th</i>	Age	<i>54</i>	Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind-</i>
Occupation <i>House keeper</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>- Monahan</i>		Father's Birthplace <i>Ireland -</i>					
Mother's Maiden Name <i>Mary McNeil</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Hospital Records</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>18 days.</i>
Immediate	<i>Lobar Pneumonia</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. Henry Fisher</i>	
		Address <i>Sykesville Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greenmount</i>		Town <i>Greenmount</i>		County <i>Barroll</i>		MARYLAND	
Date of death 190	<i>7</i>	Month <i>Mich</i>	Day <i>21</i>	Age <i>1</i>	Years <i>1</i>	Months <i>9</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Greenmount</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Samuel S. Hagle</i>				Father's Birthplace <i>Greenmount</i>			
Mother's Maiden Name <i>Mary B. Albough</i>				Mother's Birthplace <i>Allesie</i>			
Name of person giving information <i>Father</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles, Bronchitis, pneumonia, peritonsillitis</i>	How long <i>7 days</i>
Immediate <i>Strangulation</i>	How long <i>do not know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. F. Richards</i>
	Address <i>Hamstead</i>
Accident or Suicide?	



Name
in
Full

Rachel Pool

No 120
CERTIFICATE OF DEATH

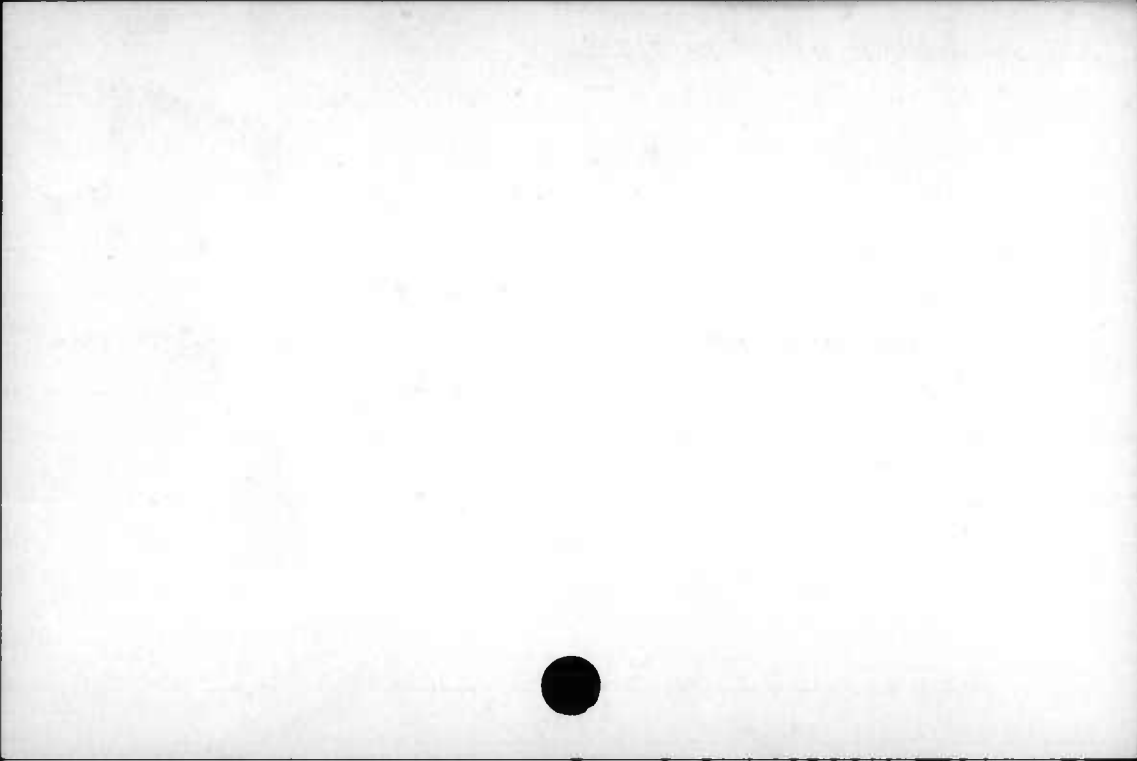
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Grist		County Carroll		MARYLAND	
Date of death	1907	Month Mch	Day 20	Age Years	94	Months	8
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Reuben Pool			
Father's Name	Adam Shipley				Father's Birthplace	Maryland	
Mother's Maiden Name	Ruth Christman				Mother's Birthplace	do	
Name of person giving in formation	Payton Pool				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	94 yrs
Immediate	Lg Grippe	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. N. Goronch MD
		Address	Garobus Md
Accident or Suicide?			



Name
in
Full

Leopold Rosenheim

CERTIFICATE OF DEATH

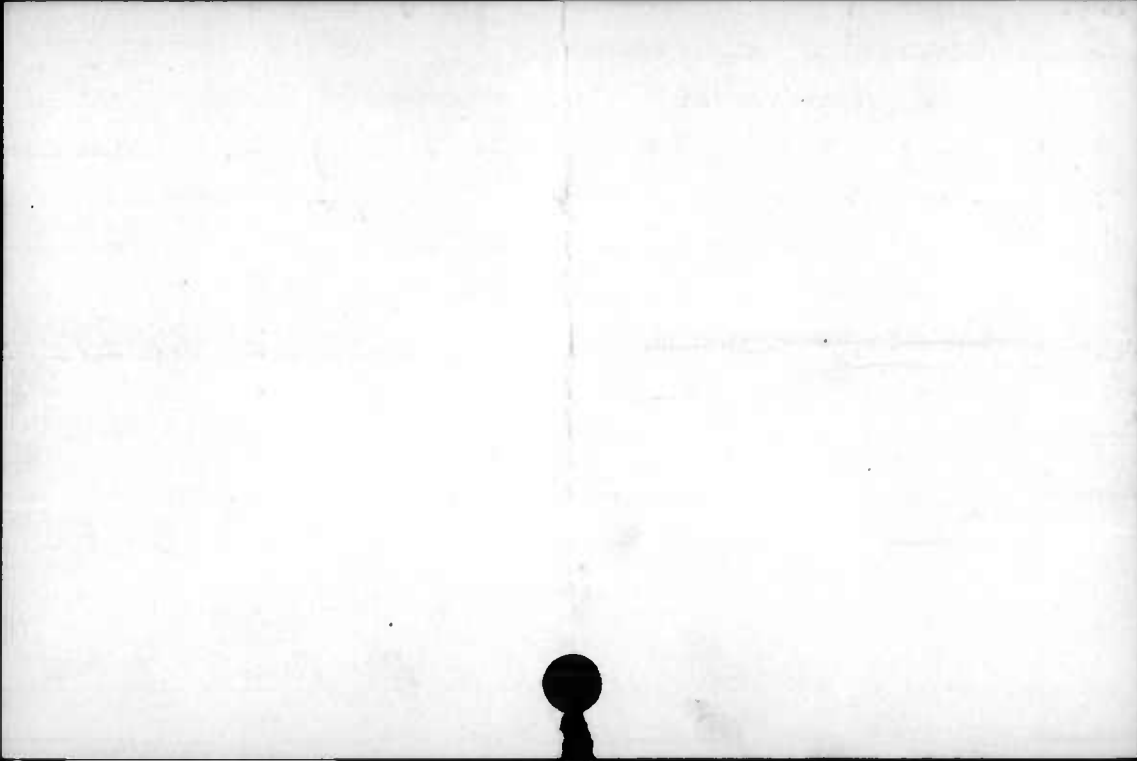
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		County <i>Carroll</i>		MAYLAND	
Date of death	1907	Month <i>March</i>	Day <i>19</i>	Age <i>50</i>	Years <i>50</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Clerk</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Rosenheim</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Hospital records</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Mania</i>	How long <i>27 days</i>
Immediate <i>Exhaustion</i>	How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Char. J. Carey</i>
	Address <i>Lyserville Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Harriet P. Seabrook

No 173
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

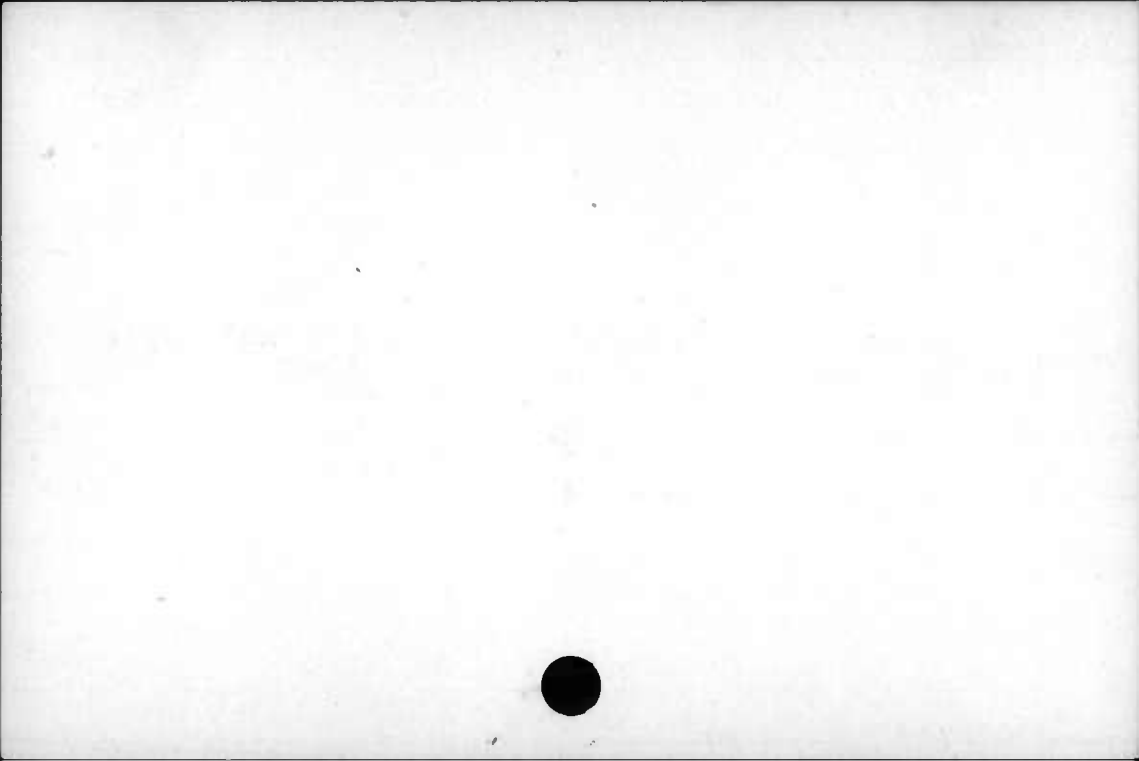
Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	1907	Month	March	Day	26
Age	69	Years	11	Months	12
Sex	Female	Color or Race	White	Birthplace	Maryland
Occupation	at Home		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Wm L W. Seabrook		
Father's Name	Levius Thomas		Father's Birthplace	Maryland	
Mother's Maiden Name	Elyza Seel		Mother's Birthplace	Do	
Name of person giving information	W L W Seabrook		How related to deceased	Husband	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Heart Failure	How long	Sudden
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		C. M. Sullivan	
		Address	
		146 Main St	
Accident or Suicide?			



Name in Full		Mary Jane Sellers				175		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Brunnells	County Carroll		MARYLAND		
		Date of death		1907	Month Mar	Day 29	Age 64	Months 6	Days 4
		Sex		Female		Color or Race		White	
		Occupation		Housekeeper		Where Residing if not at place of death		Home	
		Married, Single or Widowed		Married		Name of Wife or Husband		George Sellers	
		Father's Name		Joshua Green		Father's Birthplace		Carroll Co Md	
Mother's Maiden Name		Don't know		Mother's Birthplace		Unknown			
Name of person giving information		George Sellers		How related to deceased		Husband			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto; padding: 5px;">79</div>									
PHYSICIAN OR CORONER		Primary		Abdominal Tumor		How long		Several years	
		Immediate		Cystitis & Dilated Heart		How long		6 months	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. Woodward	
						Address		Westminster, Md.	
Accident or Suicide?		No							

St Johns Leinster
Cemetery
Stones.

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Alice Virginia Shaeffer		No 160		CERTIFICATE OF DEATH	
Died at		Westminster		County		Carroll	
Date of death		1907		Month		Mar	
Day		12		Age		57	
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Home	
Married, Single or Widowed		Married		Name of Wife or Husband		Ireneida Shaeffer	
Father's Name		Daniel Bush		Father's Birthplace		Carroll Co Md	
Mother's Maiden Name		Margaret Armacost		Mother's Birthplace		" " "	
Name of person giving information		William Shaeffer		How related to deceased		Son	
CAUSES OF DEATH							
Primary		Consumption Pneumonia -				How long	
Immediate		Cardiac Hard Labor				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Jas. H. Pillingler M.D.	
Address		no		Address		Westminster Md	
Accident or Suicide?		no		✓			

St Benjamins Cemetery
Stones

Name
in
Full

William Shaw

CERTIFICATE OF DEATH

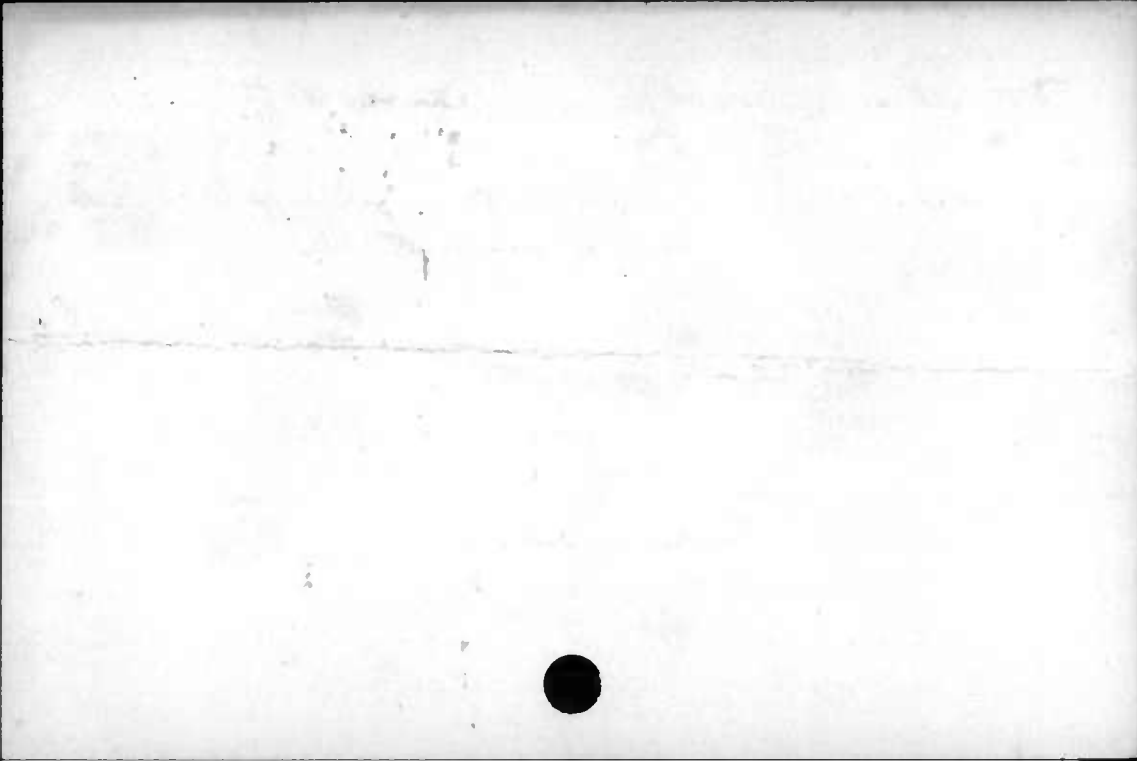
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>	Day <i>9</i>	Age <i>89</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. City</i>				
Occupation <i>Seaman</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Dorothy Whipple</i>				Mother's Birthplace			
Name of person giving information <i>Hospital record</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senile dementia</i>	(92)	How long	<i>about 1 yr</i>
Immediate	<i>Broncho-pneumonia</i>		How long	<i>22 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Chas. J. Carey</i>	
			Address <i>Lyserville Md.</i>	
Accident or Suicide?		<i>No</i>		



Name
in
Full

Raynard Russell Shipley

No 163
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Smallwood		County Carroll		MARYLAND	
Date of death		1901	Month Inch	Day 13	Age	Years	Months 1
Sex		male		Color or Race		white	
Occupation				Birth- place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Harry C Shipley				Father's Birthplace	
Mother's Maiden Name		Golda. Hamilton				Mother's Birthplace	
Name of person giving In formation		Harry C Shipley				How related to deceased	
						Father	

CAUSES OF DEATH

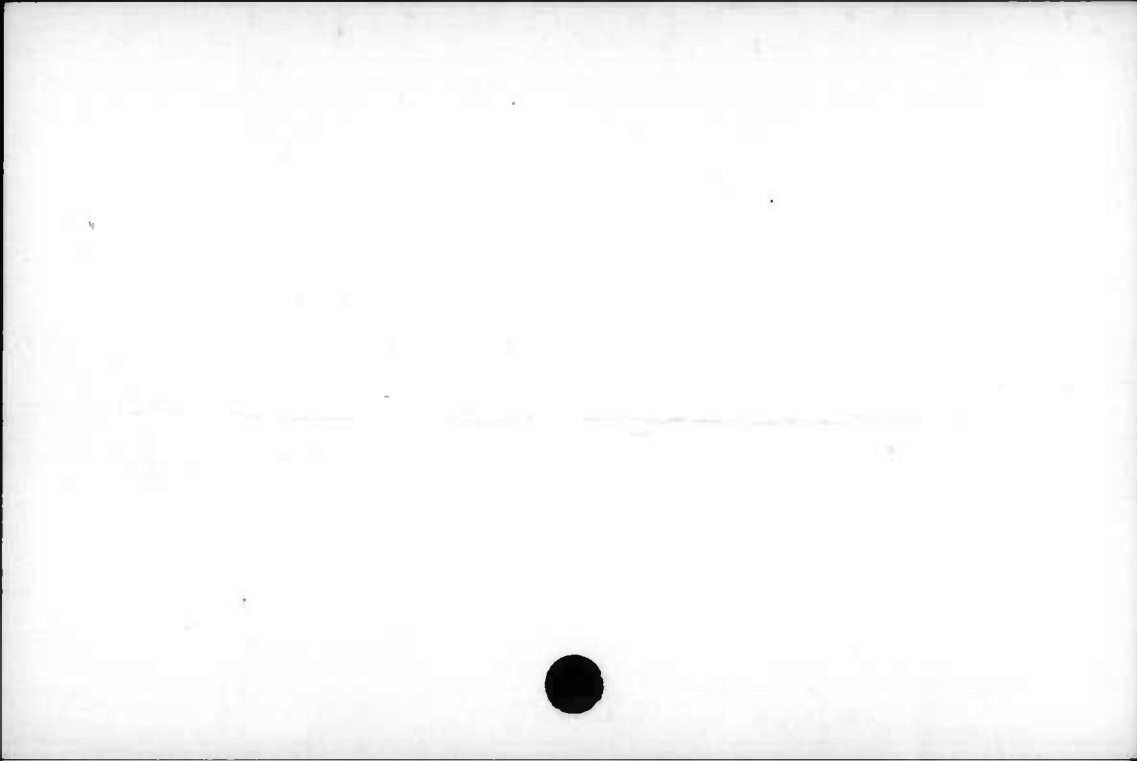
(104)

PHYSICIAN
OR CORONER

Primary		Acute Indigestion		How long		3 hours	
Immediate		Heart Failure		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				Address			
				Wishinton			
Accident or Suicide?							

Deer Park
Smallwood

Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		John Sidell		County			
		Died at Springfield Hosp.		Carroll			
		Town		Maryland			
		Date of death 1907	Month March	Day 16	Age 55	Months	Days
		Sex Male	Color or Race White	Birth-place Unknown			
		Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name		Unknown		Father's Birthplace Unknown			
Mother's Maiden Name		"		Mother's Birthplace "			
Name of person giving information		Hosp. records		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary La Grippe		How long 25 days			
		Immediate Broncho-pneumonia		How long 21 "			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas. J. Carey			
				Address Lynessville Md.			
		Accident or Suicide?					



Name
is
Full

Susan Rebecca Steever

CERTIFICATE OF DEATH

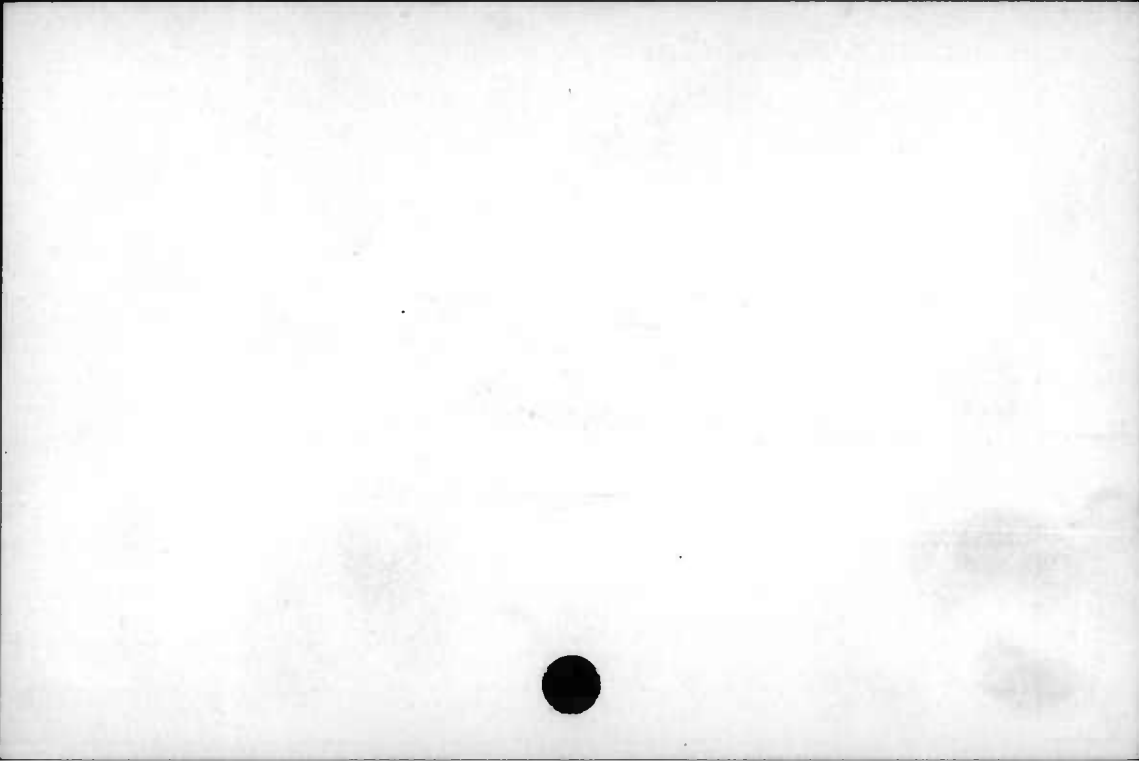
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield</i> ^{Town} <i>Hospital -</i>		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>3rd</i>	Day <i>14th</i>	Age <i>17</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington D. C.</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Deleplane Giffen</i>	Father's Birthplace <i>Washington D. C.</i>				
Mother's Maiden Name <i>Elizabeth ?</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Hospital Records</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis</i>	<i>81</i>	How long <i>?</i>
Immediate	<i>Exhaustion</i>		How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>W. Henry Fisher</i>	
		Address <i>Sykesville</i>	
Accident or Suicide? <i>No.</i>		<i>ind.</i>	



Name
in
Full

Earle William Stonesifer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

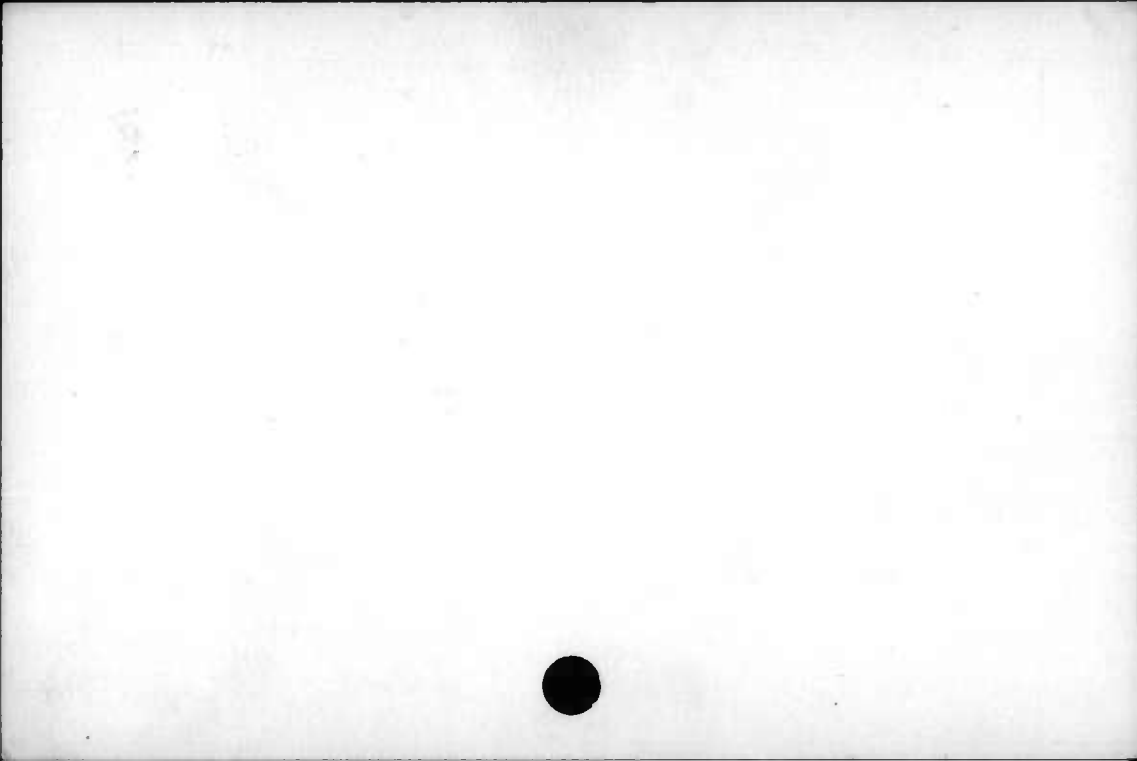
Died at <i>Taneytown Dist</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>3</i> ^{Day} <i>22</i>	Age <i>Years</i>		<i>36</i> ^{Months} <i>Hours</i> ^{Days}		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Taneytown Dist</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John Stonesifer</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Minnie Flegle</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>John Stonesifer</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Infantile Unknown</i>	How long <i>36 Hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician
	Address <i>616 Miller Ind</i>
Accident or Suicide?	<i>Dr. E. O. Fuss</i>



Name
in
FullNo 161
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Stoner</i> ^{County}		No 161	
Date of death <i>1907</i> ^{Month} <i>Mar</i> ^{Day} <i>12</i>		Age <i>24</i> ^{Years}		Months <i>6</i> Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>white</i>	Birth place <i>Carroll Co Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Home</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Clarence Stoner</i>				
Father's Name <i>Edmund Shaeffer</i>	Father's Birthplace <i>Carroll Co Md</i>				
Mother's Maiden Name <i>Jennie Deyhoff</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Clarence Stoner</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption -</i>	(27)	How long <i>2 Years</i>
Immediate <i>Heart Failure</i>		How long <i>2 Years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. P. B. B. B. M.D.</i>	
	Address <i>Westminster Md</i>	
Accident or Suicide? <i>No</i>		

St Benjamins Cemetery
Stones.

Name
in
Full

Leah Stover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

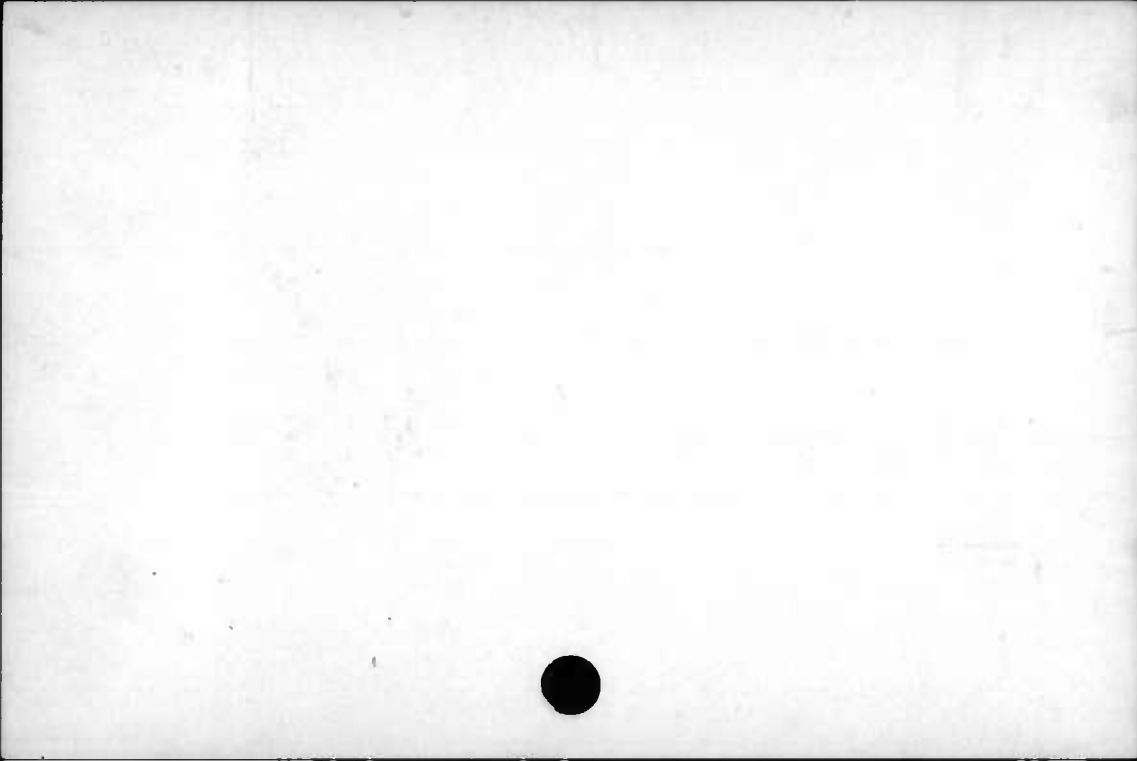
Died at		Town Toney town		County Barnwell		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		3	9	90		4	11
Sex		Color or Race		Birth-place			
Female		white		Pa			
Occupation				Where Residing if not at place of death			
Housewife							
Married, Single or Widowed		Name of Wife or Husband					
Widow		Gabriel Stover					
Father's Name		Father's Birthplace					
Jacob F. Fulbourn		unknown					
Mother's Maiden Name		Mother's Birthplace					
unknown		unknown					
Name of person giving information		How related to deceased					
Kate Stover		daughter					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Old age	How long	
Immediate	grief	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Le. B. Bivins M.D.	
		Address	
		Toney town	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

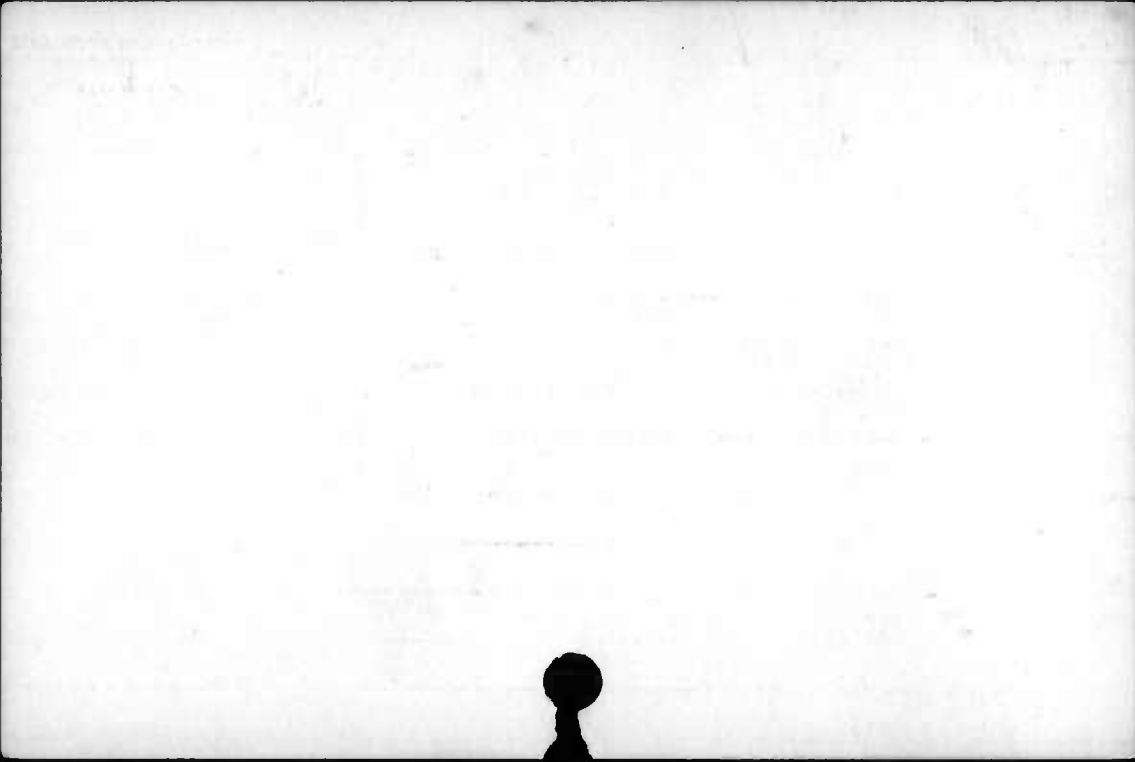
Name in Full <i>David Stultz</i>		Town <i>Mill Dale</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Mill Dale</i>		Month <i>March</i>		Day <i>15</i>		Years <i>73</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>15</i>		Years <i>73</i>	
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Ind</i>		Months <i>10</i>	
Occupation <i>Labor</i>		Where Residing if not at place of death <i>Mill Dale</i>		Days <i>14</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Elizabeth Stultz</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Father's Name <i>Abraham Stultz</i>		Mother's Maiden Name <i>Catherine Harris</i>		How related to deceased <i>son in law</i>			
Name of person giving information <i>Jessie Grote</i>							

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritic Nephritis with Edema.</i>		How long <i>About 4 months</i>	
Immediate <i>Suppression of Urine</i>		How long <i>6 days.</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John H. Stultz, M.D.</i>	
		Address <i>New Windsor Maryland</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

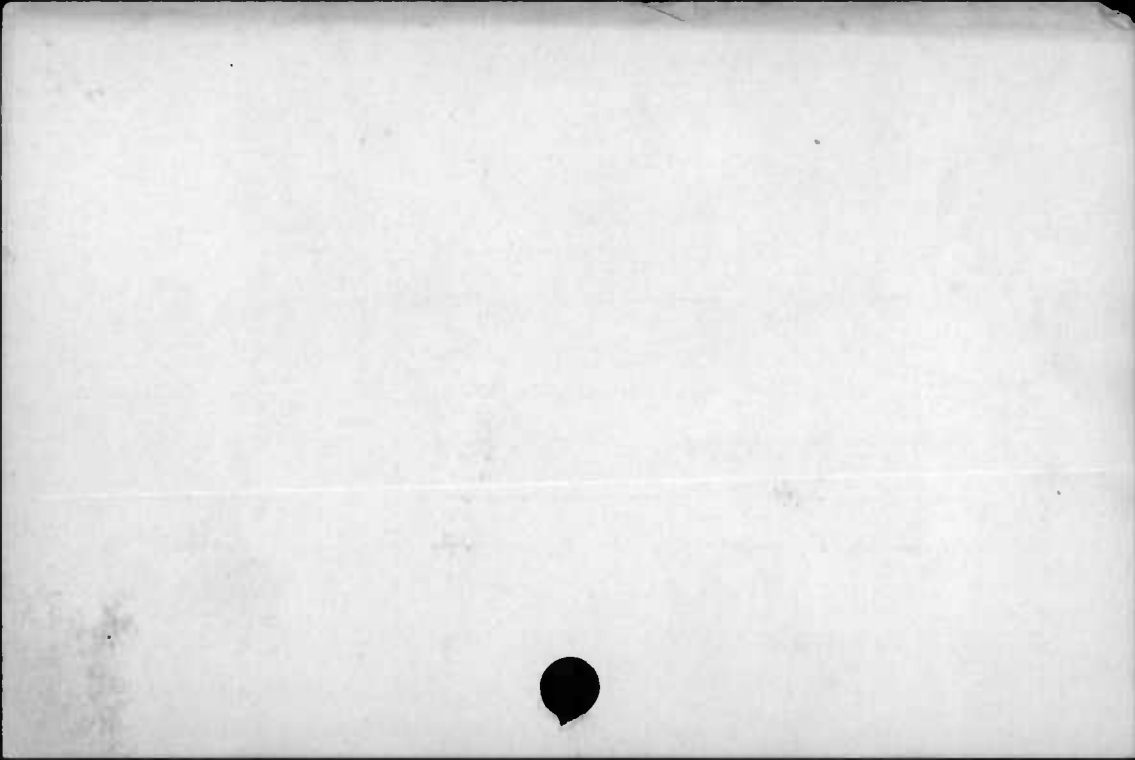
TO BE ANSWERED BY
NEAREST FRIEND

Rebecca E. Jagg
Died at Union Mills Leanne County Maryland
Date of death | 907 | March | 4th | Age 60 | Months | Days |
Sex Female | Color or Race White | Birth-place Maryland
Occupation House Maid | Where Residing if not at place of death |
~~Married, Single~~ | ~~Name of Wife or Husband~~
Father's Name William Jagg | Father's Birthplace Maryland
Mother's Maiden Name Mary Ann Storesifer | Mother's Birthplace |
Name of person giving information R. Jagg | How related to deceased |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary (27) | How long |
Immediate Tuberculosis | How long Two Years
Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician J. J. Stewart
Address Westminster MD
Accident or Suicide? |



Name
in
Full

Vachel R. Thompson

CERTIFICATE OF DEATH

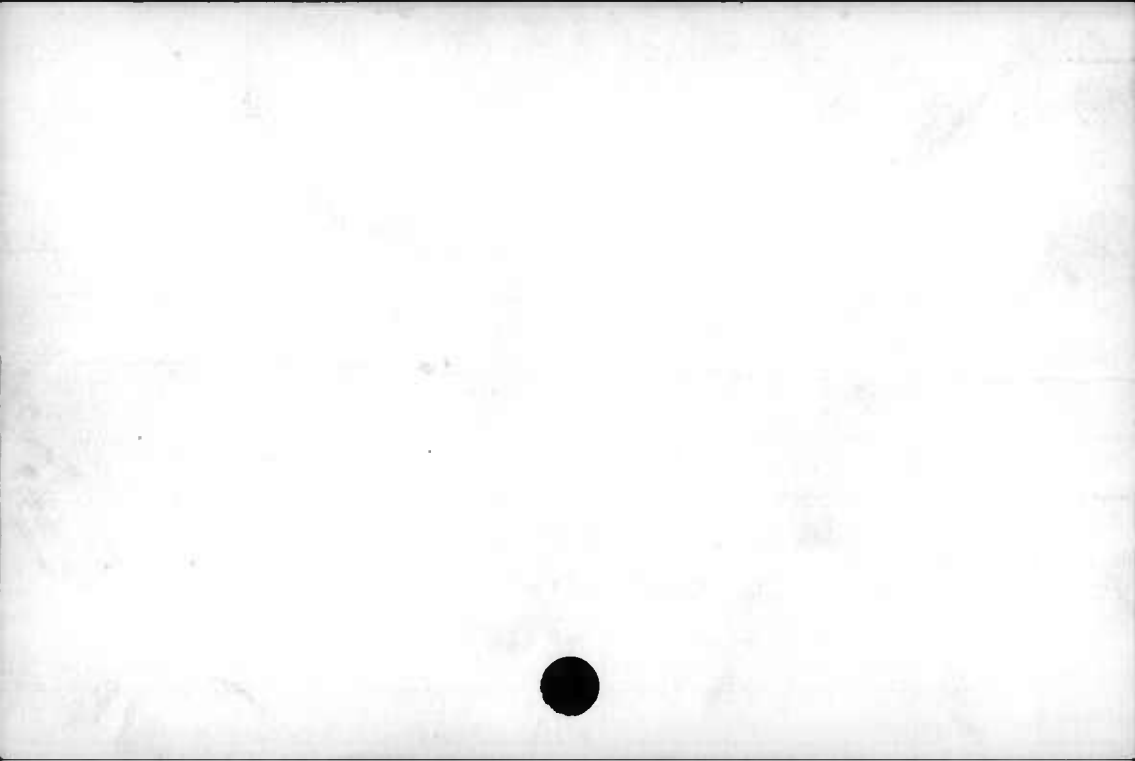
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hosp.</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death	1907	Month	March	Day	22	Age	59
Sex	male	Color or Race	White	Birth-place	md.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband <i>Amanda E. Myers</i>				
Father's Name	<i>John Thompson</i>			Father's Birthplace <i>md.</i>			
Mother's Maiden Name	—			Mother's Birthplace <i>md.</i>			
Name of person giving information	<i>Hospital Record</i>			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>marma</i>	How long	<i>7 mos.</i>
Immediate	<i>Erysipelas</i>	How long	<i>9 days.</i>
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		<i>J. C. Clark</i>	
Address		<i>Sykesville</i>	
Accident or Suicide?		md.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Washington

Died at *Near Extonville* ^{Town} *Carmel* ^{County} **MARYLAND**

Date of death **1907** ^{Month} *Mar* ^{Day} *6* ^{Years} *60* ^{Months} *—* ^{Days} *—*

Sex *Male* Color or Race *Negro* Birthplace *Ind*

Occupation *Labourer* Where Residing if not at place of death *—*

Married, Single or Widowed *Don't know* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Calvin Hale* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

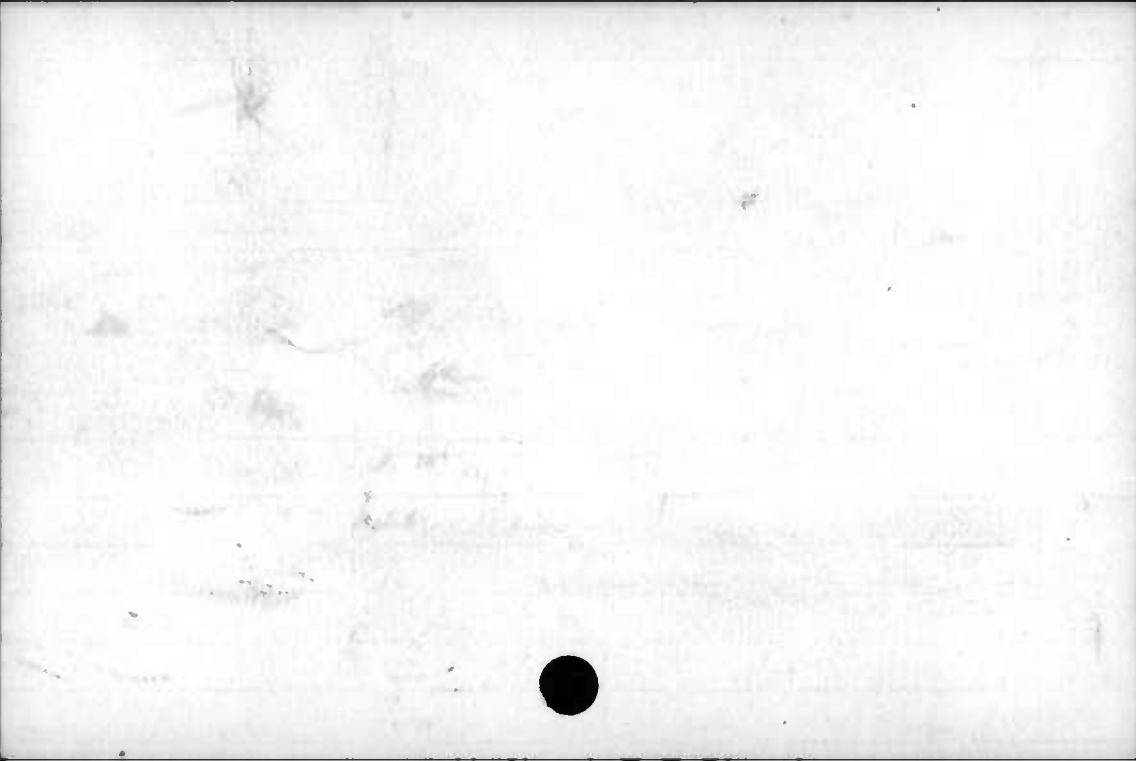
Primary *Exposure* **(179)** How long *—*

Immediate Cause *After influenza* How long *—*

Are the name, age, sex, color, etc. and place correctly given above? *yes*

Signature of Physician *Coroner* Address *Stacy F. Leuby*

Accident or Suicide? *Coroner*



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Anna P. Wautz
Frizzellburg ^{Town} Carroll ^{County}

MARYLAND

Date

of death

1907

Month

March

Day

21

Age

Years

42

Months

5

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Frizzellburg

Occupation

House work

Where Residing if not
at place of death

Pleasant Valley

Married, Single
or Widowed

Married

Name of Wife or
HusbandAnna P. Wautz
Howard S. WautzFather's
Name

Jacob Rinehart

Father's
Birthplace

Hamstead

Mother's
Maiden Name

Maggie A. Grubill

Mother's
Birthplace

Emmittsburg

Name of person giving
Information

Dr. Jacob Rinehart

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

La Grippe

How long

2 wks.

Immediate

Tuberculosis

How long

8 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Jacob Rinehart M.D.

Address

Frizzellburg

Carroll Co. Md.

Accident or Suicide?

Buried at

Baust. Church

Name
in
Full

Harrison Means

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

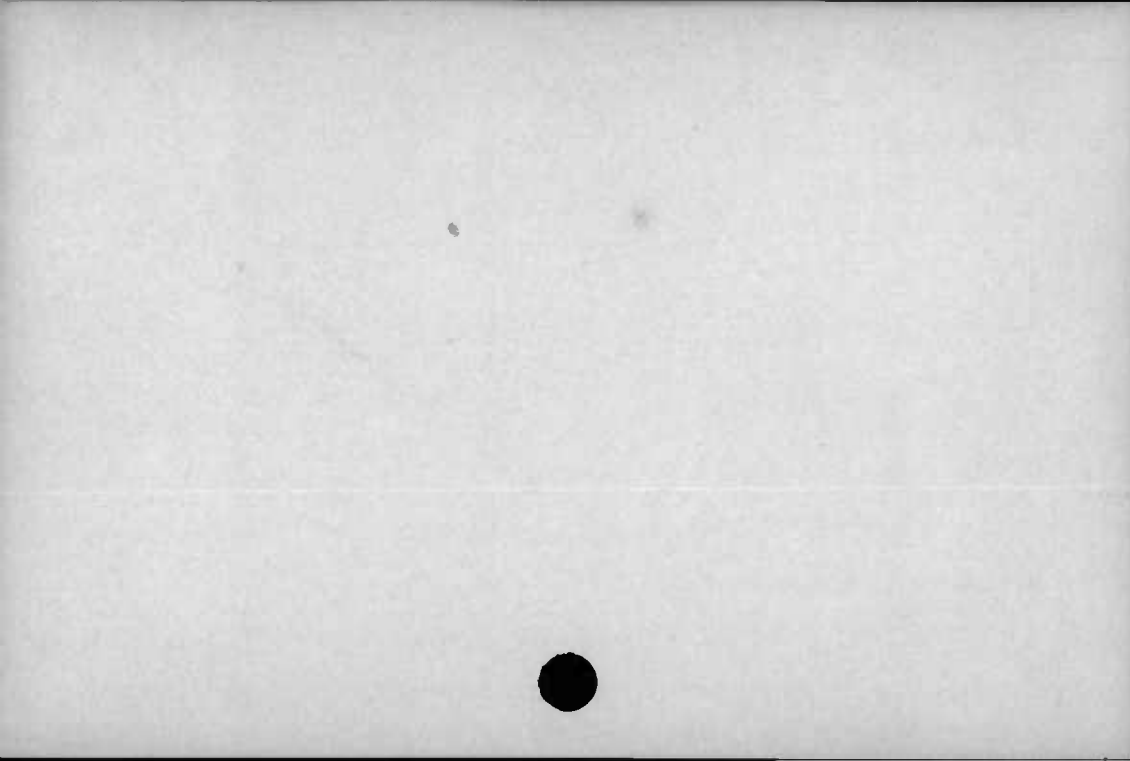
Died at		Town <i>Uniontown</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month <i>McL.</i>	Day <i>7</i>	Age	Years <i>91</i>	Months <i>3</i>	Days <i>5</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Pennsylvania</i>
Occupation	<i>Merchant</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Cassandra Harbaugh Means</i>			
Father's Name	<i>Nataaniel Means</i>				Father's Birthplace	<i>Pa</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>John C. Means</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Fracture Left Hip</i>	How long	<i>4 weeks</i>
Immediate	<i>Physical Exhaustion</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Lester Kemp</i>	
		Address	
		<i>Uniontown Md.</i>	
Accident or Suicide?			



Name
in
Full

Helew Weimer

No 169
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Westminster ^{County} Carroll		MARYLAND	
Date of death	1907	Month	Mar
	Day	21	Age
	Years		Months
	Days	8	
Sex	Female	Color or Race	White
Birth-place	Carroll County	Occupation	
Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Walter Weimer	Father's Birthplace	Carroll County
Mother's Maiden Name	Louisa Witte	Mother's Birthplace	" "
Name of person giving information	Walter Weimer	How related to deceased	" Father "

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro-Intestinal Indigestion	How long	36 Hours
Immediate	Convulsions	How long	8 "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	L. Woodward
		Address	Westminster Md.
Accident or Suicide?	No		

St Benjamin's cemetery
Staten.

Name
in
Full

Wilhelmina Wiesner

CERTIFICATE OF DEATH

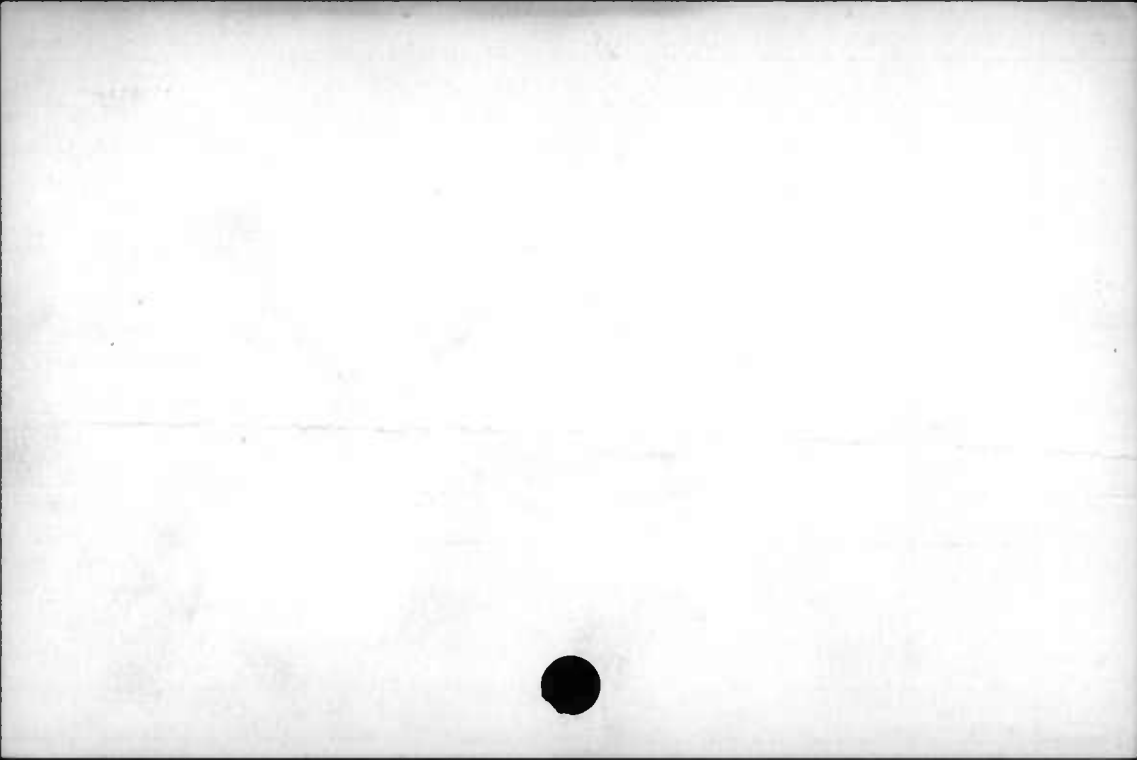
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>March</i> ^{Month}	<i>17th</i> ^{Day}	Age <i>77</i> ^{Years}	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>W. Wiesner</i>			
Father's Name <i>?</i>		<i>Appelt</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>?</i>		<i>Unkermann</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>Mrs Flora Berover</i>		How related to deceased <i>Daughter.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>over six years.</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John Norfolk Morris M. D.</i>
	Address <i>Springfield Hospital.</i>
Accident or Suicide? <i>-</i>	<i>✓ Pikesville Carroll Co. Md.</i>



Name in Full		Wora Wright				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bennett		Canoll		MARYLAND	
	Date of death 190	7	Month 3	Day 8	Age 16	Months	Days
	Sex	Female		Color or Race	Colored	Birth-place	Carroll Co. Md
	Married, Single or Widowed	Single		Occupation House Labor			
	Name of Wife or Husband						
	Father's Name				Gust Wright (deceased)		
	Mother's Maiden Name				Rachel Costley		
PHYSICIAN OR CORONER	Name of person giving information				Rachel Costley		
	CAUSES OF DEATH				(28)		
	Primary	Tuberculous Meningitis				How long	2 weeks
	Immediate	"				How long	"
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E D Smith	
				Address		Winfield Md.	
Accident or Suicide?		✓					

White Rock

Name
in
Full20157
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Westminster</i> Town <i>Carroll</i> County		MARYLAND	
Date of death 190 <i>7</i>	Month <i>March</i>	Day <i>7</i>	Age Years <i>34</i> Months <i>1</i> Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Sarah Zentgraf</i>			
Father's Name <i>William H. J. Youngling</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Clotilda Orendorff</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Wm H. J. Youngling</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	<i>Arthritis Deformans of spine</i>	How long <i>several years</i>
Immediate	<i>Acute meningitis</i>	How long <i>about 2 1/2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	
Signature of Physician	<i>Chas. R. Gouty, M.D.</i>	
Address	<i>Westminster</i>	
Accident or Suicide?	<i>no</i>	

St John Cmelm